Items 13,14 FilmG152 3/31/53 whw

02994

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 19 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Alta Vista Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY DC
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 4227-37-N.W.

3. NAME OF DECEASED (Type or Print) (First) REUBEN (Middle) (Last) ACTON
4. DATE OF DEATH (Month) 3 (Day) 22 (Year) 1953
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH 9-13-1873
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY HARDWARE
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Isaac Acton
14. MOTHER'S MAIDEN NAME Sarah Hicks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS HELEN A. KING 4227-37-ST.N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
450.0 Immediate cause	(a) Acute Congestive Failure	2 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	10 years
	(c) Senility	3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-29, 1951, to 3-22, 1953, that I last saw the deceased alive on 3-20, 1953, and that death occurred at 6:30 m., from the causes and on the date stated above.

SIGNATURE Herbert S. Gates (Degree or title) M.D. ADDRESS 815 East Capitol St. Wash. D.C. DATE SIGNED 3-22-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 3-22-53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Washington (State) D.C.
DATE REC'D BY LOCAL REG. 3/23/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR J. Wm. Lee Sons Co. ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 26 1953
BUREAU V. S.

02995

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH · COUNTY: MONTG. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md COUNTY: MONTG.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WHEATON
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MAPLE LANE REST HOME	STREET ADDRESS (If rural give location): 2811 LINDELL ST.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): JOHANNA ANDERSON		4. DATE OF DEATH (Month) (Day) (Year): 3 – 11 – 1953	
5. SEX: F	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED	8. DATE OF BIRTH: 7-13-1868
9. AGE last birthday: 84 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY: HOME	11. BIRTHPLACE (State or foreign country): SWEDEN	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: UNKNOWN ERICKSON		14. MOTHER'S MAIDEN NAME: UNKNOWN.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT: REST HOME RECORDS	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

241X

Immediate cause (a) CORONARY THROMBOSIS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CHRONIC MYOCARDITIS

(c) BRONCHIAL ASTHMA

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION: NONE	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): NONE	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 6, 1953, to MARCH 11 1953, that I last saw the deceased alive on MARCH 11, 1953, and that death occurred at 8:45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry M. Lowden	M.D.	1603 19th ST. N.W. Washington, D.C.	3/11/53

23. BURIAL, CREMATION REMOVAL (Specify): REMOVAL	DATE THEREOF: 3/14/53	NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery	LOCATION (City, town, or county) (State): WASHINGTON D.C.
DATE REC'D BY LOCAL REG.: 3/11/53	REGISTRAR'S SIGNATURE: Frances Potter	24. FUNERAL DIRECTOR: The S.H. Hines Co.	ADDRESS: 2901-14th St N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02996

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 712 Bayfield Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL, and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 712 Bayfield Street

3. NAME OF DECEASED: (Type or Print) (First) JANE (Middle) A. (Last) ATKINSON

4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: August 21, 1891

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Private Home Cook

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Mc Creath

14. MOTHER'S MAIDEN NAME: Not Available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 009-22-5138

17. INFORMANT & ADDRESS: Jane A. Potter 712 Bayfield St. Tak. Pk. Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
170X Immediate cause	(a) Toxemia of Pulmonary edema	3 days
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Carcinoma of Left Breast	15 months
DUE TO		
	(c) Generalized Carcinomatosis	6 mos.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: Jan 1951 March 5 1953

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Left Breast - Radical Removal Removal Glands Left axillae.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1953, to 3-25, 1953, that I last saw the deceased alive on 3/25, 1953, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Francis L Rutherford M.D. 7117 Alaska Ave N.W. Wash 12 DC. 3/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF March 28. 1953

NAME OF CEMETERY OR CREMATORY George Darby Memorial Cemetery

LOCATION (City, town, or county) (State) Prince George County Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 26-1953

REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR ADDRESS J. Arthur Walters 254 Carroll St. NW Takoma Park. D.C.

RECEIVED
MAR 27 1953
BUREAU V. S.

02997

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 101-ASPEN, ST Ch. Ch. MD
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Indiana COUNTY Wabash
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wabash Indo
STREET ADDRESS (If rural give location) 364 W. maple

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) A. (Last) BAER

4. DATE OF DEATH: (Month) 3 (Day) 12 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Jan 2, 1861
9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Post office Dept
10b. KIND OF BUSINESS OR INDUSTRY: Ret
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William C Baer
14. MOTHER'S MAIDEN NAME: Christina Shauffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: J.M. Gangwin 101-ASPEN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) acute heart failure — Interval Between Onset And Death: sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma of prostate — 2 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1952, to March 12, 1953, that I last saw the deceased alive on March 11, 1953, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE Daniel B. Washington M.D. (Degree or title) ADDRESS 6234 Ea Ave N W Wash D.C. DATE SIGNED 3/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Transport
DATE THEREOF 3-12-53
NAME OF CEMETERY OR CREMATORY Falls Cem
LOCATION (City, town, or county) Wabash (State) Indiana

DATE REC'D BY LOCAL REGISTRAR 3/12/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR The S H Hines Co ADDRESS 2901-14th N W Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly ~~and legibly.~~

VS. A15

RECEIVED
MAR 16 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02998

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 7 DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg. Co. Gen. Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 10011 Beddick St.
STREET ADDRESS (If rural, give location) Silver Spring, Md.

3. NAME OF DECEASED (Type or Print): (First) Stanley (Middle) David (Last) Barber
4. DATE OF DEATH: (Month) March (Day) 23 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 9/19/13
9. AGE last birthday: 39 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel D. Barber
14. MOTHER'S MAIDEN NAME: Catherine Franklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Winifred Ceshell, 10011 Beddick St. Wid Sp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

822X

Immediate cause (a) Asphyxia due to weight of tractor across chest.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead under tractor.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Near Norbeck (COUNTY) Montg. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) March 23, 1953, 10:35 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Due to upset tractor.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Frank J. Bronhart M.D. Gaithersburg Md 3-23-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3/25/53
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 3-25-53
REGISTRAR'S SIGNATURE: Gertrude B Fawcett
24. FUNERAL DIRECTOR: Warner & Humphrey
ADDRESS: 8434 Ga. Ave. Silver Spring, Maryland

recd from Potter Silver Spring

RECEIVED
MAR 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

U 999

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8101 ROCKVILLE PIKE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
STREET ADDRESS (If rural, give location) 8101 ROCKVILLE PIKE

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) E. Moore (Last) BARBOUR
4. DATE OF DEATH (Month) MARCH (Day) 17 (Year) 1953
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 9/19/68
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CATHOLIC NUN
10b. KIND OF BUSINESS OR INDUSTRY RELIGEUSE
11. BIRTHPLACE (State or foreign country) WASHINGTON, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JAMES L. BARBOUR
14. MOTHER'S MAIDEN NAME ANNIE E. MOORE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. [illegible]
17. INFORMANT AND ADDRESS CONVENT RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized arteriosclerosis
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with arteriosclerotic heart
(c) disease + terminal heart failure

INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to March 17, 1953, that I last saw the deceased alive on 3/16, 1953, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE S. W. Nealon Jr. (Degree or title) M. D ADDRESS 1746 K. St N.W. Wash D.C. DATE SIGNED 3/17/53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 3/19/53
NAME OF CEMETERY OR CREMATORY EDEN HALL CONVENT CEM.
LOCATION (City, town, or county) TORRESDALE, PHILA. PA. (State)
DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 3821-14th St. N.W. Wash. D.C.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 23 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3000

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyds Crural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Germantown - Boyds Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Derwood R F D.
STREET ADDRESS (If rural, give location) (Redland)

3. NAME OF DECEASED (Type or Print) (First) Grace (Middle) Williams (Last) Barker
4. DATE OF DEATH (Month) Mar (Day) 9 (Year) 1953
5. SEX Fe
6. COLOR OR RACE col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH March 23, 1928
9. AGE last birthday 24 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME George Williams
14. MOTHER'S MAIDEN NAME Virgie Dorsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS George Williams Boyds, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

X 1 X

Immediate cause (a) Hemorrhage due to fracture of skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) nr Boyds (COUNTY) Monty (STATE) md
TIME OF INJURY (Month) (Day) (Year) (Hour) 3-9-53 - 12:15 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? passenger in car which struck tree

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) Frank J. Broschart M.D.
ADDRESS Gaithersburg md
DATE SIGNED 3-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/11/53
NAME OF CEMETERY OR CREMATORY Oak Grove,
LOCATION (City, town, or county) Mt Zion, md (State)

DATE REC'D BY LOCAL REG. Mar 11, 1953
REGISTRAR'S SIGNATURE Wanda F. Cooke
24. FUNERAL DIRECTOR Robert L. Snowden. ADDRESS Rockville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (3001)

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 22 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitorium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE —
COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural give location) 3535 Beecher ST. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Mrs. Annie (Middle) — (Last) Baughen.

4. DATE OF DEATH: (Month) 3 (Day) 20 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow.

8. DATE OF BIRTH: 4-5-86

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Liverpool England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Southern

14. MOTHER'S MAIDEN NAME: Annie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
157 X
Immediate cause (a) Metastatic Carcinoma - lungs & bones
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Pancreas
DUE TO
(c)

Interval Between Onset And Death
(a) ?
(b) One year?

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-23-53

19b. MAJOR FINDINGS OF OPERATION: Glandular Metastasis - Biopsy

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED White at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1-19, 1953, to 3-20, 1953, that I last saw the deceased alive on 3-19-, 1953, and that death occurred at 4:53 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert A Hare M.D. ADDRESS Takoma Park Md. DATE SIGNED 3/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Mar 23-1953 NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery LOCATION (City, town, or county) Brentwood (State) Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 20-1953 REGISTRAR'S SIGNATURE J. Milton Dodd

24. FUNERAL DIRECTOR ADDRESS Neal Funeral Home 4812 Laclede N.W. Wash DC

RECEIVED
MAR 23 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

300

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place) 55yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) 101. Chestnut St

3. NAME OF DECEASED (Type or Print) (First) Frances (Middle) Elizabeth (Last) Beall

4. DATE OF DEATH (Month) 3 (Day) 26 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 29.1897
9. AGE last birthday 55 yrs. If under 1 year Months 8 Days 27 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Work
10b. KIND OF BUSINESS OR INDUSTRY House Keeping
11. BIRTHPLACE (State or foreign country) Gaithersburg, Md,
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Charles Beall
14. MOTHER'S MAIDEN NAME Mary E. Clement

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Edna H, Beall. Gaithersburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
421.4 Immediate cause	(a) Acute cardiac failure	2 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Valvular heart disease	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1953, to Mar 28, 1953, that I last saw the deceased alive on 3/25, 1953, and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE F A Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-27-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/28/53
NAME OF CEMETERY OR CREMATORY St Rose
LOCATION (City, town, or county) Clopper. (State) Md.

DATE REC'D BY LOCAL REG. March 27/53
REGISTRAR'S SIGNATURE Aberda G. Cooke
24. FUNERAL DIRECTOR Ernest C. Gartner. ADDRESS Gaithersburg.Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burtonsville
LENGTH OF STAY (in this place) 72 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burtonsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Julia Ann Beall (Middle) (Last)

4. DATE OF DEATH (Month) Mar (Day) 25 (Year) 1953

5. SEX F
6. COLOR OR RACE W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married
8. DATE OF BIRTH Aug 10 1880
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Burtonsville Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Berry Robey
14. MOTHER'S MAIDEN NAME Marian Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Hughie Beall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure	24 hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio Vascular Disease	Years.
	(c) Arteriosclerosis	Years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1951, to 3/25, 1953, that I last saw the deceased alive on 3/25, 1953, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Sandy Spring, Maryland DATE SIGNED 3/26/53.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 28-53
NAME OF CEMETERY OR CREMATORY Union Cemty
LOCATION (City, town, or county) Burtonsville Md (State)

DATE REC'D BY LOCAL REG. 3-27-53
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR [signature] ADDRESS Laurel Md.

RECEIVED
APR 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0300

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase, LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 E. Woodbine St.	STREET ADDRESS (If rural, give location) 9 E. Woodbine St.

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) C	(Last) Bishop	4. DATE OF DEATH	(Month) March (Day) 10 (Year) 1953
5. SEX F.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 7/12/57	9. AGE last birthday 95 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker - retired	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Washington, D. C.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Philip J. Cook	14. MOTHER'S MAIDEN NAME Margaret Kuhl				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY No. none	17. INFORMANT AND ADDRESS Mr. J. Adolph Bishop, 9 E. Woodbine St. Chevy Chase, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Generalized Arteriosclerosis

Antecedent cause(s) (b) Senility

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-26, 1952, to 3-10, 1953, that I last saw the deceased alive on 3-9, 1953, and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE W. Doyer (Degree or title) MD ADDRESS Bethesda, Md DATE SIGNED 3-12-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3/13/53	NAME OF CEMETERY OR CREMATORY Glenwood Cemetery	LOCATION (City, town, or county) (State) Washington, D. C.
DATE REC'D BY LOCAL REG. 3/16/53	REGISTRAR'S SIGNATURE Bessie M. [illegible]	24. FUNERAL DIRECTOR Harmer E. Humphrey	ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

I

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03005

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin John
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MacArthur Blvd. R.F.D.# 3 Bethesda

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin John
STREET ADDRESS MacArthur Blvd. (If rural, give location) R.F.D.# 3 Bethesda

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) H. (Last) BODINE

4. DATE OF DEATH (Month) March (Day) 1, (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 6, 1870
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY Blacksmith Self Emp.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Joseph H. Bodine
14. MOTHER'S MAIDEN NAME Elizabeth Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mary O. Bodine- Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — 5 years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 23, 1953, to Mar 1, 1953, that I last saw the deceased alive on Mar 1, 1953, and that death occurred at 6 45 A. m., from the causes and on the date stated above.

SIGNATURE Emil G. Bauersfeld, M.D. (Degree or title) ADDRESS Bethesda, Maryland DATE SIGNED 3/2/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-3-53
NAME OF CEMETERY OR CREMATORY Parklawn
LOCATION (City, town, or county) Rockville, Maryland (State)

DATE REC'D BY LOCAL REG. 3/3/53
REGISTRAR'S SIGNATURE Bessie M. [illegible]
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03006

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Springs
STREET ADDRESS (If rural give location) 2025 Lanier Dr.

3. NAME OF DECEASED: (Type or Print) (First) Winter (Middle) Matthew (Last) Brady
4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-29-84
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Special. Life Ins.
10b. KIND OF BUSINESS OR INDUSTRY:
11 BIRTHPLACE (State or foreign country): Prince Wm. Co., Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adam R. Brady
14. MOTHER'S MAIDEN NAME: Isabella Davis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Old Rec.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
331X	Immediate cause	(a) Cerebral Hemorrhage	4 days
	DUE TO		
	Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Arteriosclerosis	yrs ?
	DUE TO		
260X		(c) Hypertension	yrs ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus 5 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to March 25, 1953, that I last saw the deceased alive on March 25, 1953, and that death occurred at 5:40 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert A Hare M.D. ADDRESS Takoma Park, Md. DATE SIGNED 3/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 28 1953
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem
LOCATION (City, town, or county) Prince George Co. (State) Md.
DATE REC'D BY LOCAL REGISTRAR 3/25/53
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR W. H. Chambers Co ADDRESS 1400 Chapin

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (3001)

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Arlington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington
STREET ADDRESS (If rural give location) HQMC Henderson Hall ✓

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Brooks

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 21, 1953
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 4 Min. 36

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: Mattie Ethel Brooks

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mother: Mattie Ethel Brooks Same as #2 Above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Immaturity
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity
DUE TO
(c)

Interval Between Onset And Death: 4 hrs. 36 min

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atelectasis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 21 1953, to March 21, 1953, that I last saw the deceased alive on March 21 1953, and that death occurred at 11:17 PM, from the causes and on the date stated above.

SIGNATURE L. W. Sederstrom (Degree or title) LT. MC, USN
ADDRESS
DATE SIGNED
L. W. SEDERSTROM, LT MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland March 23, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF March 23, 1953
NAME OF CEMETERY OR CREMATORY Naval Medical School, NNMC,
LOCATION (City, town, or county) (State) Bethesda, Maryland.
DATE REC'D BY LOCAL REGISTRAR March 23, 1953
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR Naval Medical School, NNMC, Bethesda, Maryland
ADDRESS

2033311290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

0300

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (In this place) 13 mo'
HOSPITAL OR INSTITUTION OR STREET ADDRESS 906 Maple Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 906 Maple Ave

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Denis (Last) Bryan
4. DATE OF DEATH: (Month) Mar (Day) 29 (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married
8. DATE OF BIRTH: 5-18-1869
9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Self Emp.
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Bryan
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 239-20-6890
17. INFORMANT AND ADDRESS: Mildred Baker 906 Maple Ave - Rockville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
429.1 Immediate cause	(a) Coronary occlusion	Few
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	clinical
	(c)	hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank J. Bouchart M.D. Gaithersburg Md 3-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit
DATE THEREOF 3-30-53
NAME OF CEMETERY OR CREMATORY Hollywood
LOCATION (City, town, or county) (State) Roseboro, N. Carolina
DATE REC'D BY LOCAL REG. 3-30-53
REGISTRAR'S SIGNATURE H[illegible] - V.E. [illegible]
24. FUNERAL DIRECTOR ADDRESS Robert G. Pumphrey Bethesda, Md.

Rec'd V.A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | 3009

CERTIFICATE OF DEATH

Reg. Dist. No. 15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Rural
LENGTH OF STAY (in this place) 3½ Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 40 Independence Avenue S.W.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Raleigh (Last) Bryson

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: January 18, 1893

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months 1 Days 22 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Congressman & Lawyer - U.S. Govt.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert L. Bryson

14. MOTHER'S MAIDEN NAME: Mattie Allison

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wife: Ruth Rucker Bryson Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage, cerebral and subarachnoid — Interval Between Onset And Death: 4 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive cardiovascular disease — 2+ years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 19 53, to March 10, 1953, that I last saw the deceased alive on March 10, 1953, and that death occurred at 11:15 PM, from the causes and on the date stated above.

SIGNATURE R.O. Peckinpaugh (Degree or title)

ADDRESS R. O. PECKINPAUGH, LT. MC USN, U.S. Naval Hospital, NNMC, Bethesda, Maryland

DATE SIGNED March 11, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial

DATE THEREOF: March 14, 1953

NAME OF CEMETERY OR CREMATORY: Woodlawn Memorial Park

LOCATION (City, town, or county) (State): Greenville, South Carolina.

DATE REC'D BY LOCAL REGISTRAR: March 11, 1953

REGISTRAR'S SIGNATURE: Reid Whittington

24. FUNERAL DIRECTOR ADDRESS: Hysong Funeral Home, 1300 "N" Street, N.W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 3014

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 1 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7721 Carroll Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 7721 Carroll Ave.

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Lester (Last) Burns.
4. DATE OF DEATH: (Month) Mar (Day) 20 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Apr 1 1885
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 50 yrs.
10b. KIND OF BUSINESS OR INDUSTRY: Barber
11. BIRTHPLACE (State or foreign country): Chambersburg Pa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George A Burns.
14. MOTHER'S MAIDEN NAME: Lillie Masters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Richard. Burns.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Thrombosis	sudden
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Coronary Thrombosis	1945.
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/14/, 1940, to 3/20/, 1953, that I last saw the deceased alive on 2/ P, 1953, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE Howard T Moore (DEGREE OR TITLE) 7030 Carroll Ave ADDRESS Takoma Park Md DATE SIGNED 3/21/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Mar 23, 1953
NAME OF CEMETERY OR CREMATORY George Washington Cem.
LOCATION (City, town, or county) Riggs Rd Pr Geo Co (State) Md.

DATE REC'D BY LOCAL REG. Mar. 20-1953
REGISTRAR'S SIGNATURE Robert Noah
24. FUNERAL DIRECTOR J. ARTHUR WALTERS ADDRESS 254 CARROLL STN W TAKOMA PARK 12, D.C.

Released by Corner office Montg Cty. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

RECEIVED
MAR 23 1953
BUR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1 PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton
STREET ADDRESS (If rural give location) 11714 Hatcher pl.

3. NAME OF DECEASED: (Type or Print) (First) Dora (Middle) King (Last) Buttram
4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1953
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Feb 20, 1881
9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: Michael King
14. MOTHER'S MAIDEN NAME: Willhelmia Weisspfenning.
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: (Daughter) MRS. Ethel Buttram Johnson 7303 Hilton Ave Tkma Pk. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 6 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 yrs.
DUE TO (c) Hypertension — 15 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 14, 1953, to Mar 14, 1953, that I last saw the deceased alive on March 14 1953, and that death occurred at 1130 PM, from the causes and on the date stated above.
SIGNATURE George Sharpe (Degree or title) M.D. ADDRESS Kensington Md 10644 Connecticut Ave DATE SIGNED Mar 16 1953

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 3-17-53 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Suitland Md.
DATE REC'D BY LOCAL REGISTRAR 3/16 — REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Deal Funeral Home — ADDRESS 4812 Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03017

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Poolesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Poolesville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Corrie (Middle) F. (Last) Butler

4. DATE OF DEATH: (Month) 3 (Day) 12 (Year) 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10-23-1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: At home
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles M. Butler
14. MOTHER'S MAIDEN NAME: Francis Spates

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Helen Vandercook - Poolesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause (a) Metastatic carcinoma of lung — Interval Between Onset And Death: 3 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) ~~[illegible]~~

DUE TO (c) Carcinoma cervix. — 6 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to 12 March, 1953, that I last saw the deceased alive on 12 March 1953, and that death occurred at 8.50 P.M., from the causes and on the date stated above.

SIGNATURE Gordon M Smith (Degree or title) M. D. ADDRESS Barnesville DATE SIGNED 13 March "53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-16-53
NAME OF CEMETERY OR CREMATORY Monocacy Cemetery
LOCATION (City, town, or county) Poolesville (State) Md.
DATE REC'D BY LOCAL REGISTRAR Mar. 14, 1953
REGISTRAR'S SIGNATURE Charles F. Edgin
24. FUNERAL DIRECTOR W. B. Hilton ADDRESS Barnesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 6 Mo. 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Prince William
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Triangle
STREET ADDRESS (If rural give location) Post Office Box 303

3. NAME OF DECEASED: (Type or Print) (First) Amerigo (Middle) Joseph (Last) Campanelli
4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: January 12,1905
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months 2 Days 14 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Armed Forces
10b. KIND OF BUSINESS OR INDUSTRY: USMC
11. BIRTHPLACE (State or foreign country): Middletown Connecticut
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Prosper Campanelli
14. MOTHER'S MAIDEN NAME: Antoinnette Aegeria

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII
16. SOCIAL SECURITY No.: 246- 20 1259
17. INFORMANT & ADDRESS: Wife: Clara Campanelli Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193X

Immediate cause (a) Glioblastoma multiforme, left cerebrum — Interval Between Onset And Death: 10 months

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-14-52.
19b. MAJOR FINDINGS OF OPERATION: Glioblastoma, left frontal lobe of brain
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept.16, 1952, to March 26, 1953, that I last saw the deceased alive on March 26, 1953, and that death occurred at 12:49 AM, from the causes and on the date stated above.

SIGNATURE E. P. Thelen (Degree or title) ADDRESS DATE SIGNED
E. P. THELEN, LCDR MC USN, U.S.Naval Hospital, NNMC, Bethesda, Maryland. March 27,1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial
DATE THEREOF March 27 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia.
DATE REC'D BY LOCAL REGISTRAR March 27, 1953
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR ADDRESS Halls Funeral Home, Occoquan, Virginia.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

RECEIVED
MAR 30
BUREAU

3011

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (in this place) 2 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7027 Strathmore Street	STREET ADDRESS (If rural, give location) 7027 Strathmore Street

3. NAME OF DECEASED (Type or Print)	(First) Flora	(Middle) Britton	(Last) Carpenter	4. DATE OF DEATH (Month) March (Day) 19 (Year) 1953
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 18, '86	9. AGE last birthday 66 yrs. If under 1 year Months 3 Days 1 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) District of Columbia	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Alexander T. Britton		14. MOTHER'S MAIDEN NAME Mary Martin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Arthur B. Carpenter - 710 Dryden St. Silver Spring Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
42.1 Immediate cause	(a) Coronary Occlusion	2 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, generalised	5 yrs +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced Rheumatoid Arthritis — 10 yrs

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11.4., 1948, to 3.19., 1953, that I last saw the deceased alive on 3.16., 1953, and that death occurred at 10.00 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stewart Clark	M.D.	3921 Ingomar St. N.W.	3.20.53

23. BURIAL, CREMATION REMOVAL (Specify) Cremation	DATE THEREOF 3/21/53	NAME OF CEMETERY OR CREMATORY Cedar Hill	LOCATION (City, town, or county) Prince George (State) Maryland
DATE REC'D BY LOCAL REG. 3/24/53	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR Roberts A. Pumphrey	ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH — COUNTY: Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WashingtonGrove,
LENGTH OF STAY (in this place): 6 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WashingtonGrove
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) James (Middle) William (Last) Carter.Jr

4. DATE OF DEATH: (Month) 3 (Day) 30 (Year) 1953

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Jan 28-1885

9. AGE last birthday: 68 yrs. — If under 1 year: Months 2, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Account Ant

10b. KIND OF BUSINESS OR INDUSTRY: Book Keeping

11. BIRTHPLACE (State or foreign country): Washington.D C,

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: James William Carter.SR

14. MOTHER'S MAIDEN NAME: Ella Falcolm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs Edith C. Emmons, WashingtonGrove, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchial Asthma	30 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 30, 1953, to Mar. 30, 1953, that I last saw the deceased alive on Mar. 30, 1953, and that death occurred at 9.00 p m., from the causes and on the date stated above.

SIGNATURE: Jack Schumacher (Degree or title) M.D. ADDRESS: Gaithersburg, Md. DATE SIGNED: Mar. 31, 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 4/2/53

NAME OF CEMETERY OR CREMATORY: Glenwood

LOCATION (City, town, or county) (State): WashingtonD C,

DATE REC'D BY LOCAL REG.: Mar 31, 1953

REGISTRAR'S SIGNATURE: Alinda G. Cooke

24. FUNERAL DIRECTOR — ADDRESS: Ernest C. Gartner. Gaithersburg. Md

RECEIVED
APR 6 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3016

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE CONNECTICUT COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DARIEN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Greenleaf (Middle) Howe (Last) Chasmar
4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1953

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: 3-21-1873 | 9. AGE last birthday: 80 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETENGINEER
10b. KIND OF BUSINESS OR INDUSTRY: HEATING
11. BIRTHPLACE (State or foreign country): CONN
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES H. CHASMAR
14. MOTHER'S MAIDEN NAME: FLORENCE S. LOUISA SEMBLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: FLORENCE S. CHASMAR DARIEN CONN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Myocardial Infarction — Interval Between Onset and Death: 17 days

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary atherosclerosis
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NI | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 5, 1953, to Mar 22, 1953, that I last saw the deceased alive on Mar. 21, 1953, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE: John G. Keisinger | (Degree or title) MD | ADDRESS 901-20th NW. Wash. D.C. | DATE SIGNED 3-22-53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 3-25-1953 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) DARIEN, CONN

DATE REC'D BY LOCAL REG. 3/23/53 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Joseph Saxton Sons | ADDRESS 1756 Pa Ave. N.W.

Written permission received from both parents

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0301

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park Md.
LENGTH OF STAY (in this place) 44 hrs 30
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. Md.
STREET ADDRESS (If rural give location) 4 Hickory Ave

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) Howard (Last) Chilson

4. DATE OF DEATH: (Month) Mar (Day) 28 (Year) 1953

5. SEX: m.

6. COLOR OR RACE: w.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Mar 26, 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 + 44 Min. 30

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Takoma Park. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Earnest Howard Chilson

14. MOTHER'S MAIDEN NAME: Helen Alyse Anderson.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5

Immediate cause (a) Immaturity 33 weeks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Polyhydramnios + premature

DUE TO (c) separation of placenta.

Interval Between Onset And Death

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Possible amniotic fluid in lungs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 26, 1953, to Mar. 28, 1953, that I last saw the deceased alive on Mar. 28, 1953, and that death occurred at 6:30 am., from the causes and on the date stated above.

SIGNATURE Ruth Standard (Degree or title) MD. ADDRESS Takoma Park - Washington Sanitarium + Hospital DATE SIGNED Mar 28 1953 Md.

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation

DATE THEREOF 3-31-53

NAME OF CEMETERY OR CREMATORY Washington Sanitarium

LOCATION (City, town, or county) and Hosp. Takoma Park, Md (State)

DATE REC'D BY LOCAL REGISTRAR 3/31/53

REGISTRAR'S SIGNATURE J. Wm Dodd

24. FUNERAL DIRECTOR R.A. Hare, M.D. ADDRESS Takoma Park, Md

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RECEIVED
APR 6 1953
BUREAU V. S

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8604 Old Bladensburg

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) Edward (Last) Chism
4. DATE OF DEATH (Month) Mar. (Day) 31 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 13 - 1879
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Painter
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Edward Chism
14. MOTHER'S MAIDEN NAME Mary E. Child
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
45 Immediate cause	(a) Terminal Bronchopneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Emphysema	years
	(c) Generalized Arteriosclerosis advanced	years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy, Prostate with urinary retention a years b. 4 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Mar., 1953, to 31 Mar., 1953, that I last saw the deceased alive on 31 Mar., 1953, and that death occurred at 3 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Suburban Hospital, Bethesda, Md. DATE SIGNED 1 Apr 53

23. BURIAL, CREMATION REMOVAL (Specify) Sarah
DATE THEREOF April 3 53
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 4/1/53
REGISTRAR'S SIGNATURE Bessie M. [illegible]
24. FUNERAL DIRECTOR Frank Geier Sons Co. ADDRESS 3605 - 14th St. N.W. Wash. D.C.

APR 6 1953
BUREAU V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

3619

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 4

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
LENGTH OF STAY (in this place) 16 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MAPLE LANE REST HO.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON D.C.
STREET ADDRESS (If rural give location) 4621 - 4TH ST N.W

3. NAME OF DECEASED (Type or Print) (First) IDA (Middle) M. (Last) COE
4. DATE OF DEATH (Month) MARCH (Day) 18 (Year) 1953

5. SEX Female
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH JAN 13 1866
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) NEW YORK
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME LYMAN LEROY TALBOTT.
14. MOTHER'S MAIDEN NAME CAROLINE PRESCOTT.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT BRYAN COE - SON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 Immediate cause (a) ACUTE MYOCARDITIS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CHRONIC MYOCARDITIS

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV. 10, 1951, to MARCH 18, 1953, that I last saw the deceased alive on MARCH 18, 1953, and that death occurred at 10:45 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 1603 19th. ST. N.W. Washington, D.C. DATE SIGNED 3/18/53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF MAR 20 1953
NAME OF CEMETERY OR CREMATORY ROCKVILLE UNION CEM.
LOCATION (City, town, or county) ROCKVILLE MD. (State)

DATE REC'D BY LOCAL REG. 3/18/53
REGISTRAR'S SIGNATURE Frances [signature]
24. FUNERAL DIRECTOR C. A. Pumphrey ADDRESS Bethesda Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03020

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 3 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegny
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Western Port
STREET ADDRESS (If rural give location) 123 Jameson Avenue

3. NAME OF DECEASED: (Type or Print) (First) Forrest (Middle) Rose (Last) Cole
4. DATE OF DEATH: (Month) Mar. (Day) 10 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Oct 23, 1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Month Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Bonnette
14. MOTHER'S MAIDEN NAME: Elizabeth Hudnell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: James E. Cole Jr. 2613 Arvin St. Wheaton Hills (Md).

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.0
Immediate cause (a) Arteriosclerotic Heart Disease
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/8/ , 1953, to 3/10/ , 1953, that I last saw the deceased alive on 3/10, 1953, and that death occurred at 2:00 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Bellen R. Deep MD. 1102 Grandview Ave. Silver Spring Md 3/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/14/53
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Prince Geo. County, Md.
DATE REC'D BY LOCAL REGISTRAR 3/16/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Warner G. [illegible]
ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3021

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Bethesda | LENGTH OF STAY (in this place) 5 hrs. 30 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 321 Hornes Lane

3. NAME OF DECEASED: (Type or Print) First: Kennein (Middle) Gary (Last) Cooley

4. DATE OF DEATH: (Month) Mar. (Day) 8 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Child | 8. DATE OF BIRTH: April 21-1950 | 9. AGE Last birthday: 2 yrs. | IF UNDER 1 YEAR: Months 11 Days 17 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Woodrow W. Cooley | 14. MOTHER'S MAIDEN NAME: Lola Keys

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: None | 17. INFORMANT & ADDRESS: 321 Hornes Lane Mother Mrs Rola Cooley Rockville MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

057.0
Immediate cause (a) Meningococcic Meningitis, Fulminating DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/7/53, 19 ... , to 3/8, 1953, that I last saw the deceased alive on 3/8, 1953., and that death occurred at 9:50 A.M. from the causes and on the date stated above.

SIGNATURE W D Hall (Degree or title) MD | ADDRESS Rockville Md. | DATE SIGNED 3/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3/10/53 | NAME OF CEMETERY OR CREMATORY Parklawn | LOCATION (City, town, or county) Rockville | (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 3/11/53 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR ADDRESS Roberts A. Pumphrey Bethesda, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 302

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville; STREET ADDRESS (If rural give location) Rt #1

3. NAME OF DECEASED: (Type or Print) (First) Rhoda (Middle) Ellen (Last) Cooley

4. DATE OF DEATH: (Month) 3 (Day) 14 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 25, 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Samuel Mills

14. MOTHER'S MAIDEN NAME: Rachel Ella Oden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Marion S. Cooley, Rockville Md. Rt #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.9

Immediate cause (a) CEREBRAL HEMORRHAGE — Interval Between Onset And Death: 7 DAYS

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) CONGESTIVE HEART FAILURE — 7 DAYS

DUE TO

(c) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE TEN YEARS

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 10, 1952 to 3/14, 1953, that I last saw the deceased alive on 3/13, 1953, and that death occurred at 12:05 A.M. from the causes and on the date stated above.

SIGNATURE Gordon S. Rosenberger (Degree or title) M.D. ADDRESS Rockville, Md. DATE SIGNED

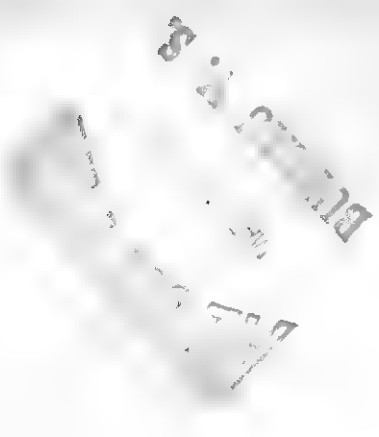
23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 3/16/53; NAME OF CEMETERY OR CREMATORY Forestown Cemetery; LOCATION (City, town, or county) (State) Darnestown Md

DATE REC'D BY LOCAL REGISTRAR Mar. 14, 1953; REGISTRAR'S SIGNATURE Arnold L. Cooke

24. FUNERAL DIRECTOR Ernest C. Gaetano, Gaithersburg ADDRESS

Mar 16-53 Gertrude Lawler-one

Dead



Item #4 queried. Film G152 3/19/53 whw

3023

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9201 2nd Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 9201 2nd Avenue

3. NAME OF DECEASED: (Type or Print) (First) FRANK. (Middle) C (Last) CROSS.
4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1953.
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 9/16/93
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Information Officer; Dept. of Commerce
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Natoma, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Dr. J. W.S. Cross
14. MOTHER'S MAIDEN NAME: Charlotte Austin
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW #1
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs. Helen M. Cross, 9201 2nd Ave. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) MYOCARDIAL INFARCTION - DUE to CORONARY ARTERY OCCLUSION. — Interval Between Onset And Death: 8 WEEKS.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) 2nd myocardial infarction 11 P.M. Mar 12. Died 12 A.M.

DUE TO (c) Arteriosclerotic Heart Disease

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 11 1953, to Mar 3, 1953; that I last saw the deceased alive on Mar 3, 1953, and that death occurred at 12 A.M. Mar 12, 1953, from the causes and on the date stated above.

SIGNATURE (Degree or title) Irving Schulan M.D. ADDRESS 1025 Vermont Ave N.W. Washdc. DATE SIGNED 3-12-53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/16/53
NAME OF CEMETERY OR CREMATORY Arlington Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REGISTRAR 3/13/53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR [illegible] ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15

Dr. Brochart notified
and approved
Dr. Hehulan

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3021

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural
LENGTH OF STAY (in this place): 14 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: West Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bristol
STREET ADDRESS (If rural give location): Rural Route #2

3. NAME OF DECEASED: (First) James (Middle) W (Last) Dakon

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: April 7, 1901

9. AGE last birthday: 51 yrs. — IF UNDER 1 YEAR: Months 11 Days 16 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Railroad worker

11. BIRTHPLACE (State or foreign country): Bristol, West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Stillman J. Dakon

14. MOTHER'S MAIDEN NAME: Harriet K. Cornwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WWII

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Father: Stillman J Dakon, Same As #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMATOSIS DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Small cell, undifferentiated Carcinima Lung. DUE TO

(c)

Interval Between Onset And Death: 4 mos. / 4 mos.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none.

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1953, to March 23, 1953, that I last saw the deceased alive on March 23 1953, and that death occurred at 3:05 AM, from the causes and on the date stated above.

M. Epstein, M. EPSTEIN LT MC USNR, U.S. Naval Hospital, NNMC, Bethesda, Maryland — March 24, 1953

(SIGNATURE) (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: March 24, 1953 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Salem, West Virginia

DATE REC'D BY LOCAL REGISTRAR: March 24, 1953 — REGISTRAR'S SIGNATURE: Elsie Whittington

24. FUNERAL DIRECTOR — ADDRESS: Chambers Funeral Home, 1400 Chapin Street, N.W., Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (3012)

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Betnesda, rural
LENGTH OF STAY (in this place): 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): ~~Baltimore~~
STREET ADDRESS (If rural give location): 7204 Fait Avenue

3. NAME OF DECEASED: (First) Susan (Middle) June (Last) DAVIS
4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: November 13, 1952
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 3 Days 28 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Co. Baltimore, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: French E. Davis
14. MOTHER'S MAIDEN NAME: May McCord
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father: French E. Davis Same as #2 Above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.1
Immediate cause (a) Cardiac Failure — Interval Between Onset And Death: 4 hrs.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Shock — 4 hrs
DUE TO
(c) Congenital Heart Disease (Fetology) — Hours

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 11, 1953, to March 11, 1953, that I last saw the deceased alive on March 11, 1953, and that death occurred at 3:47 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
L.E. TEBOW, CDR. MC, USN, U.S. Naval Hospital, NNMC, Bethesda, Maryland March 12, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: March 14, 1953
NAME OF CEMETERY OR CREMATORY: Oaklawn Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland.

DATE REC'D BY LOCAL REGISTRAR: March 12, 1953
REGISTRAR'S SIGNATURE: Earl Worthington
24. FUNERAL DIRECTOR ADDRESS: Charles S Zeiler, 901 South Conkling Street Baltimore, Maryland.

20X2114405

VS. 215

MAR 16 1953

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03026

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waverley Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 2501 Quest. N.W.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) C (Last) Denny

4. DATE OF DEATH (Month) 3 (Day) 7 (Year) 1953

5. SEX Male

6. COLOR OR RACE [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 8/21/1858

9. AGE last birthday [illegible] yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Director [illegible]

10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov't

11. BIRTHPLACE (State or foreign country) Reedsville N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert McChneyne

14. MOTHER'S MAIDEN NAME Kathleen Evens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS V.H. Kayser 114 Southbrook Lane, Beth, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
421.1 Immediate cause	(a) Chronic Congestive Heart [illegible]	4 [illegible]
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Uraemia	[illegible]
	(c) [illegible]	[illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Cirrhosis — 6 Mo[illegible]

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 19[illegible], to March, 1953, that I last saw the deceased alive on March 7, 1953, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 3/10/1953 NAME OF CEMETERY OR CREMATORY Arlington National Cemetery LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. 3/9/53 REGISTRAR'S SIGNATURE Bessie M Thompson

24. FUNERAL DIRECTOR Joseph Gawler's Sons ADDRESS 1756 Pa. Ave. N.W. Washington D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03027

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, [illegible] 65
LENGTH OF STAY (in this place) 15 day 42 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) Rural Route

3. NAME OF DECEASED: (Type or Print) (First) Lawrence (Middle) Alliott (Last) Dawson

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1953

5. SEX: Male Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1893 3-11-1914
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Security Analyst
10b. KIND OF BUSINESS OR INDUSTRY: Government
11. BIRTHPLACE (State or foreign country): Moline, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Americus Dawson
14. MOTHER'S MAIDEN NAME: FANNIE KNIGHT [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1917-1918
16. SOCIAL SECURITY No.: [illegible]
17. INFORMANT & ADDRESS: Elizabeth A Dawson Rockville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 2 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arterio Sclerosis of Coronary Arteries — 2 years

DUE TO (c) Arterio Sclerosis Genl — 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Feb 1953, to 14 March 1953, that I last saw the deceased alive on 13 March 1953 and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE W Humphrey (Degree or title) M D ADDRESS Rockville Md DATE SIGNED March 14 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/16/53
NAME OF CEMETERY OR CREMATORY St Mary's Cath
LOCATION (City, town, or county) Rockville, Md (State)

DATE REC'D BY LOCAL REGISTRAR 3/16/53
REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Warner C. Humphrey Inc ADDRESS Silver Spring, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03028

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ednor
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Belmont Farm

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Oklahoma
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sapulpa
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) H. (Last) De Loe

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 1/2/75
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Jefferson City, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank C. Morin
14. MOTHER'S MAIDEN NAME: Mary Ann Rackett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Miss Virginia M. DeLoe, Belmont Farm, Ednor, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.1 Immediate cause	(a) Cerebral Hemorrhage	48 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arterio-sclerosis	2
	DUE TO (c) Myocarditis	2.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION no
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓
(CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURED While at Work ☐ ✓ Not While At Work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 3/21, 1953, to 3/28/, 1953 that I last saw the deceased alive on 3/27, 1953, and that death occurred at 11.30 a.m. from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Sandy Spring DATE SIGNED 3/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial
DATE THEREOF 3/29/53
NAME OF CEMETERY OR CREMATORY South Heights Cemetery
LOCATION (City, town, or county) (State) Sapulpa, Oklahoma

DATE REC'D BY LOCAL REGISTRAR 3-30-53
REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Warner E. Temperley ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 6 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (3029)

CERTIFICATE OF DEATH

Reg. Dist. No. ___

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Bethesda rural

LENGTH OF STAY (in this place): 6 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE [illegible] COUNTY ___

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): [illegible]

STREET ADDRESS (If rural give location): [illegible]

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	Betty	Jane	Destache	March	5	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS: Hours	Min.
Female	White	Married	May 5, 1925	27 yrs.	10			

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Chattanooga, Tennessee	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Carl Johnson	Bernie Little

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Husband: Lee A. Destache Same [illegible]

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410 X

Immediate cause (a) Injunction Left lung, upper lobe — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rheumatic valvulitis, mitral stenosis 15 yrs. — DUE TO

(c)

Interval Between Onset And Death: 1 week

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 9, 1953, to March 5, 1953, that I last saw the deceased alive on March 5, 1953, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	MC USN	U.S. Naval Hospital, NNMC, Bethesda, Maryland.	March 6, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	March 9 1953	Arlington National Cemetery	Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
MAR 9 1953	Edith Worthington	R.A. Gaughey Guenr [illegible] Home	7 [illegible] Avenue Bethesda, Maryland.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13130

Reg. Dist. No. 218

1. PLACE OF DEATH:

County: Montgomery

City or town: Germantown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 Mon.

Hospital, institution, or street address where death occurred: Marylander Rest Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Pennsylvania County: Beaver

City or town: Beaver Falls (If outside city or town limits, write RURAL and give nearest town)

Street No.: 3237 - 5th. Ave. (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: EVA LaBRANA DODDS

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: John B. Dodds

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 21, 1863

8. AGE:	Years	Months	Days	If less than one day
	89	4	2	....hrs. ....min.

9. Birthplace: Beaver Co. Pa. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

MOTHER FATHER

12. Name: Unknown

13. Birthplace: "

14. Maiden name: Unknown

15. Birthplace: "

16. Informant: Mrs Charles Booth

Address: 5601 Nevada Ave.N.W., Wash., D.C.

17. Burial-Transit (Burial, cremation, or removal. Which?) Date thereof: 3-23-53 (month) (day) (year)

Cemetery or crematory: Beaver Falls Cemetery

Location: Beaver Falls, Pennsylvania

18. Funeral director: Robert A. Humphrey

Address: 7557 Wisconsin Ave. Bethesda, Md.

19. Mar. 23 1953 (Date rec'd by registrar) Rhoda L. Cooke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 23, 1953 at 1:30 P.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov. 2 1952 to March 23 1953 and that I last saw her alive on March 21 1953

Immediate cause of death	DURATION
CANCER of UTERUS	
& LOCAL METASTASES &	
GENERAL METASTASES	2 YEARS
Due to:	
ARTERIOSCLEROTIC CARDIOVAS	15 YEARS
CULAR DISEASE	

Other conditions: 174x (Include pregnancy within 3 months of death)

Major findings of operations: — Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following.

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James R Kerr M.D. M. D. or other

Address: Damascus, Md. Date signed: 3/23/53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (7-45)

RECEIVED
MAR 30 1913

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (303)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda LENGTH OF STAY (in this place) 2 days 8 hrs 15 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Burwood
STREET ADDRESS (If rural give location) Rt. #1

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) (Last) Dove
4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: April 26 1871
9. AGE Last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Day work on farm
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rockingham Co Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jonas Dove
14. MOTHER'S MAIDEN NAME: Frances Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Virgil Dove Gaithersburg Md

18. MEDICAL CERTIFICATION

			Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
332X Immediate cause	(a) DUE TO	Cerebral thrombosis	4 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Arteriosclerosis	10 years
(177X)	(c)	Carcinoma prostate gland	5 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to 19 Mar, 1953, that I last saw the deceased alive on 19 Mar 1953 and that death occurred at 1.2: 1.5 A.M, from the causes and on the date stated above.
SIGNATURE John S Fawcett (Degree or title) M.D. ADDRESS Boyd, Md DATE SIGNED 21 March

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Mar 22 1953 NAME OF CEMETERY OR CREMATORY St Lukes Lutheran LOCATION (City, town, or county) Redland (State) Md
DATE REC'D BY LOCAL REGISTRAR 3/23/53 REGISTRAR'S SIGNATURE Tressie M Thompson
24. FUNERAL DIRECTOR Roy W Barber ADDRESS Laytonsville Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1407 Highland Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1407 Highland Drive

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) HARRY SCOTT ELKINS

4. DATE OF DEATH (Month) (Day) (Year) March 1 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 5, 1887
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commerce Counsel
10b. KIND OF BUSINESS OR INDUSTRY Nat'l Petroleum Assn
11. BIRTHPLACE (State or foreign country) Rochester, Minn.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME William Scott Elkins
14. MOTHER'S MAIDEN NAME Harriet Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW #1
16. SOCIAL SECURITY No. 577-[illegible]
17. INFORMANT AND ADDRESS Mrs. Emily B. Elkins, 1407 Highland Dr., SS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
151X Immediate cause	(a) Bronchopneumonia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic Carcinoma of Abdomen and Lungs	20 mo
	(c) Carcinoma of Stomach	20 mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-8, 1951, to 3-1-, 1953, that I last saw the deceased alive on 2-28, 1953, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

SIGNATURE N. Lunns (Degree or title) M.D. ADDRESS 9321 Georgia Ave. DATE SIGNED 3/1/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 4, 1953
NAME OF CEMETERY OR CREMATORY Arlington Nat'l. Cemetery
LOCATION (City, town, or county) (State) Arlington County, Virginia

DATE REC'D BY LOCAL REG. March 3, 1953
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR [illegible] ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

03033

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2113

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 56 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier
STREET ADDRESS (If rural, give location) 3803 Chillum Rd.

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Lena (Last) Feinsilber

4. DATE OF DEATH: (Month) 3 (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 5-20-76

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Paul Rjawsky

14. MOTHER'S MAIDEN NAME: Clara Nichol

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 199.8

Immediate cause (a) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: about 1 year

DUE TO

Antecedent cause(s) (b) Original Site Unknown

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Coronary Insufficiency - arteriosclerosis - generalized

Conditions contributing to the death but not related to the disease or condition causing death. Mild Renal Insufficiency

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1952, to March 21, 1953, that I last saw the deceased alive on March 20, 1953, and that death occurred at 2:05 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Benjamin Jacobson, M.D. 7896 Georgia Ave. Silver Spring Md. 3/21/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3/22-1953

NAME OF CEMETERY OR CREMATORY King David Gardens

LOCATION (City, town, or county) Falls Church Va. (State)

DATE REC'D BY LOCAL REG. Mar. 21 1953

REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR C. D. Goldberg & Son

ADDRESS 4217-9 nw. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]3013

CERTIFICATE OF DEATH

Reg. Dist. No. 22[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS & Hospital Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 204 Dale Drive

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) (Last) Finch

4. DATE OF DEATH: (Month) March (Day) 26, (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-13-09

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hamlet N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Fowlkes

14. MOTHER'S MAIDEN NAME: Louise Chestnut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

444X

Immediate cause (a) Uremia — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension, arterial — 10 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Duodenal Ulcer — 10 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to Mar., 1953, that I last saw the deceased alive on Mar. 25, 1953, and that death occurred at Wash. San., from the causes and on the date stated above.

SIGNATURE L. B. Snow M.D. (Degree or title) ADDRESS Silver Spring, Md. DATE SIGNED 3-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Mar 28/1953 — NAME OF CEMETERY OR CREMATORY Ft Lincoln Cem — LOCATION (City, town, or county) (State) Brice Prince Geo. Co. Md.

DATE REC'D BY LOCAL REGISTRAR Mar 26-1953 — REGISTRAR'S SIGNATURE J. Nelson Dodd

24. FUNERAL DIRECTOR 2901 14th St N.W. ADDRESS S.N. Hines Co. Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2[illegible]

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 1 Mo. 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Arlington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington
STREET ADDRESS (If rural give location) 6136 North 22nd. Street

3. NAME OF DECEASED: (Type or Print) (First) Paul (Middle) Allan (Last) Fischer
4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 21, 1911
9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months 10 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Economist
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Government
11. BIRTHPLACE (State or foreign country): Vienna, Virginia.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Walter Fischer
14. MOTHER'S MAIDEN NAME: Isabelle Allan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Wife: Lois H. Fischer. Same as #2 Above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Glomerular Nephritis — Interval Between Onset And Death: 9 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Hypertrophy; Uremia; Terminal bilat. pneumonia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 24, 1953, to March 28, 1953, that I last saw the deceased alive on March 28, 1953, and that death occurred at 8:45 AM, from the causes and on the date stated above.

SIGNATURE Warren D. Brill (Degree or title) W. D. BRILL, LT. MC USNR, U.S.Naval Hospital, NNMC, ADDRESS Bethesda, Maryland. DATE SIGNED March 28, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 31, 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR March 28 1953
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR Ives Funeral Home 2847 Wilson Boulevard Arlington, Virginia. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 30 1953
BUREAU OF

Item 18 Film G153 4-10-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 83036 216

CERTIFICATE OF DEATH

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Monigomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda. LENGTH OF STAY (in this place) 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Monigomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 4615 Highland ave.

3. NAME OF DECEASED: (Type or Print) (First) Irving (Middle) Lawrence (Last) Fisk. Sc.
4. DATE OF DEATH: (Month) (Day) (Year) March 21 1953
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct 14-1907
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Testman
10b. KIND OF BUSINESS OR INDUSTRY: Telephone Co.
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Harry C. Fisk.
14. MOTHER'S MAIDEN NAME: Margaret E. Shreve
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 577-01-2156
17. INFORMANT & ADDRESS: Mrs Virginia Fisk. (Wife) 4615 Highland ave Bethesda Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

237X

Immediate cause (a) Sub arachnoid Hemorrhage

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Left temporal Lobe tumor - non-malignant

DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 21, 1953, to March 21, 1953, that I last saw the deceased alive on ..., 19 ...., and that death occurred at 6:55 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Doyle M.D. ADDRESS Bethesda Md DATE SIGNED 3-21-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF March 24-53 NAME OF CEMETERY OR CREMATORY St Mary's LOCATION (City, town, or county) (State) Barnesville, Md

DATE REC'D BY LOCAL REGISTRAR Mar 23 1953 3-25/53 REGISTRAR'S SIGNATURE [signature] Jessie M. Stinkson

24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda
LENGTH OF STAY (in this place) 13 HRS 7 MIN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Other
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Pearl (Middle) Evelyn (Last) Foltz

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: 3-20-83

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Attorney

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles A Foltz

14. MOTHER'S MAIDEN NAME: Mary Ann Retsch

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Evelyn Foltz 7726 Carroll Ave. Takoma Park

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Dehydration + Malnutrition — Interval Between Onset And Death: several wks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Senile Dementia — 3 yrs
(c) DUE TO Arteriosclerotic Cardiovascular Dis. — years

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uncontrolled Diarrhoea

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to Mar 4, 1953, that I last saw the deceased alive on 3/3, 1953, and that death occurred at 2:07 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr. Wm E. Lawler MD. ADDRESS 8825 Aberdeen Rd. Bethesda 14 Md DATE SIGNED 3/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/6/53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) St. Joseph's (State) Md

DATE REC'D BY LOCAL REGISTRAR 3/5/53 — REGISTRAR'S SIGNATURE Bessie M. [illegible]

24. FUNERAL DIRECTOR Martin Wysong — ADDRESS 1300 N St Washington DC

VS. A14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0303

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 11 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitorium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural give location) 2915 26th St. N.E.

3. NAME OF DECEASED: (First) Mr Alfred (Middle) Lester (Last) Foster. (Type or Print)

4. DATE OF DEATH: (Month) 3 (Day) 5 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: Caucasian | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower | 8. DATE OF BIRTH: 9-29-69 | 9. AGE last birthday: 83 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Builder - Grocerman | 10b. KIND OF BUSINESS OR INDUSTRY: N.E. Bldg. Assoc. | 11. BIRTHPLACE (State or foreign country): Bradford Co.-Pa. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hiram Foster. | 14. MOTHER'S MAIDEN NAME: Julia Vroman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
177X
Immediate cause (a) Adenocarcinoma of Prostate — Interval Between Onset And Death: Symptoms for 3-4 Mo
DUE TO
Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized — Unknown

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 23, 1953, to Mar. 6, 1953, that I last saw the deceased alive on May 6, 1953, and that death occurred at 11:40 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) James J. Maloney Jr. M.D. | ADDRESS Washington San. Takoma Park Md | DATE SIGNED Mar. 7, 53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF 3/5/53 | NAME OF CEMETERY OR CREMATORY — | LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR March 7 1953 | REGISTRAR'S SIGNATURE J. Wilbur Dodd | 24. FUNERAL DIRECTOR Gilbert L. Wright | ADDRESS 2525 - Bladensburg Rd N.E. Washington D.C.

VS-1A 5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03039

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 9225 Thornhill Road

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) H (Last) Gash
4. DATE OF DEATH: (Month) March (Day) 12 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 1/19/95
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry F. Halley
14. MOTHER'S MAIDEN NAME: Fannie James

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mr. Eugene Halley 9525 Thornhill Rd., Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
442X
Immediate cause (a) Cerebral Hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension cardio-renal-vascular disease
DUE TO
(c)

Interval Between Onset And Death: 3 hours

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac insufficiency

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from — 1950, to March 12, 1953, that I last saw the deceased alive on March 12 1953, and that death occurred at 8:20 AM from the causes and on the date stated above.

SIGNATURE Lester W Harris MD (Degree or title) ADDRESS 10111 Colesville Rd Silver Spring Md DATE SIGNED 3-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/14/53
NAME OF CEMETERY OR CREMATORY Congressional Cemetery
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR March 18 1953
REGISTRAR'S SIGNATURE J. Milton Dodd
24. FUNERAL DIRECTOR Warner C. Humphrey ADDRESS 8434 Ga. Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
MAR 19 1953
BUR

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A151

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS South Lawn Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) South Lawn Lane

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) G. (Last) GRADY

4. DATE OF DEATH (Month) (Day) (Year) March 3, 1953 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jun 9, 1875
9. AGE last birthday 77 yrs. If under 1 year Months 8 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY Owner
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Spanish American
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Margaret J. Grady- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Influenza + bronchitis — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis, arteriosclerosis, old — 10 years.

(c) hemiplegia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, 19....., to March 3, 1953, that I last saw the deceased alive on March 3, 1953 and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE Wm A. Linthicum (Degree or title) M.D. ADDRESS Rockville, Md. DATE SIGNED 3/3/53.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-9-53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 3-9-53
REGISTRAR'S SIGNATURE Helen S. Eckenfelder Res Lvd.
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

RECEIVED
MAR 10 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03041

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5703 Glenwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5703 Glenwood Road

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Vincent (Last) GUTHRIE
4. DATE OF DEATH (Month) March (Day) 24 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7/25/1908
9. AGE last birthday 44 yrs. If under 1 year: Months 7 Days 29 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice-Pres & Treas.
10b. KIND OF BUSINESS OR INDUSTRY Lithograph Co.
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles B. Guthrie
14. MOTHER'S MAIDEN NAME Mary L. Ross
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. 577-14-1900
17. INFORMANT AND ADDRESS Dorothy R. Guthrie-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH —

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Occlusion	2 hr.
Antecedent cause(s)	(b) Coronary occlusion with Infarction	10 weeks
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arterio Sclerosis with hypertension	2 yr.?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Obesity	10 yr.?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Jan., 1953, to 24 March, 1953, that I last saw the deceased alive on 24 March, 1953, and that death occurred at 7:35 A.m., from the causes and on the date stated above.

SIGNATURE John G. Ball (Degree or title) M.D. ADDRESS 7936 Georgetown Rd Bethesda Md DATE SIGNED 24 March 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/27/53
NAME OF CEMETERY OR CREMATORY Parklawn
LOCATION (City, town, or county) Rockville (State) Maryland
DATE REC'D BY LOCAL REG. 3/27/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Lumphrey ADDRESS Bethesda, Md.

RECEIVED
MAR 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sandy Spring
LENGTH OF STAY (in this place) 36 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sandy Spring
STREET ADDRESS (If rural give location) Brooke Rd.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Ann (Last) Hall
4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1953

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3/19/1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country) Howard Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Powell
14. MOTHER'S MAIDEN NAME: Margaret

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Husband, Thomas Hall, Sandy Spring, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
200X Immediate cause	(a)	Chronic Myocarditis	6 mo
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Hypertensive Cardiovascular Disease	3 yrs
	DUE TO (c)	Diabetes Mellitus	10 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Osteo arthritis — 2 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1950, to 3/13, 1953, that I last saw the deceased alive on 3/13, 1953, and that death occurred at 8:35 p.m., from the causes and on the date stated above.

SIGNATURE R. Ligon (Degree or title) MD ADDRESS Sandy Spring Md DATE SIGNED 3/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/17/53
NAME OF CEMETERY OR CREMATORY Sandy Spring
LOCATION (City, town, or county) (State) Sandy Spring, Md
DATE REC'D BY LOCAL REGISTRAR 3-17-53
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert L. Snowden, Rockville Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

03043

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town Chevy Chase, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months

Hospital, institution, or street address where death occurred:
None

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Washington, County D.C.

City or town
(If outside city or town limits, write RURAL and give nearest town)

Street No. 732 Hamilton St. N.W.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Sadie Harab

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband XXX

6.(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Sept 20

8. AGE: Years 62 Months 6 Days 0 If less than one day ... hrs. ... min.

9. Birthplace Ukraine Russia U.S.A.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Housewife

FATHER
12. Name Paul Krupnick
13. Birthplace Belarkit, Russia

MOTHER
14. Maiden name Frances Krupnick
15. Birthplace Keir, Russia.

16. Informant Husband, Morris Harab

Address 732 Hamilton, St NW

17. (Burial, cremation, or removal. Which?) Date thereof 3-22 1953 (month) (day) (year)

Cemetery or crematory Nat Capital Heb Cemet

Location Capital Hight Md

18. Funeral director B. Damansky & son

Address 3501-14 St NW

19. 3-21 1953 Frances Potter
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1953 at 7:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3 1952, to Mar. 20 1953 and that I last saw her alive on Mar. Mar. 20 1953

Immediate cause of death: Carcinoma of Liver 156.1 — DURATION: 4 months

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following.

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE Louis P. Levitt, M.D.
M. D. or other

Address 1825 N.H. Ave NW Date signed Mar. '5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. ...

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2001 Osborn Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2001 Osborn Dr

3. NAME OF DECEASED (Type or Print) (First) Herbert (Middle) Brister (Last) Harris

4. DATE OF DEATH (Month) Mar (Day) 23 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12-22-1893
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Government
10b. KIND OF BUSINESS OR INDUSTRY War dept
11. BIRTHPLACE (State or foreign country) Yuse Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Harris
14. MOTHER'S MAIDEN NAME Ida May Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Eliz. M. Harris (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in home

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.E. ADDRESS Gaithersburg Md DATE SIGNED 3-23-53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 3-25-53 NAME OF CEMETERY OR CREMATORY YAZOO City LOCATION (City, town, or county) YAZOO City Miss (State)

DATE REC'D BY LOCAL REG. 3-25-53 REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Jos Gawlers Sons ADDRESS 1756 Pa Avon W Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03045

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda, rural
LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hyattsville
STREET ADDRESS (If rural give location): [illegible]

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) none (Last) [illegible]

4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: December 8, 1[illegible]

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Bladensburg, Maryland.

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: George Hartley

14. MOTHER'S MAIDEN NAME: Sarah Chaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW1, WWII

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wife: Elizabeth Hartley same as [illegible]

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 [illegible]

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset And Death: 4 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis — 6 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. [illegible], 1953, to March 6, 1953, that I last saw the deceased alive on March 6, 1953, and that death occurred at 7:55 AM, from the causes and on the date stated above.

SIGNATURE: R. J. Whipple (Degree or title) [illegible] USN, U.S. Naval Hospital, NNMC, Bethesda, Maryland — ADDRESS — DATE SIGNED: [illegible] 7, [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3 March 1953

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: March 7, 1953

REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: GASCH'S SONS Funeral Home, Hyattsville, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (2046)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda — LENGTH OF STAY (in this place) 17 ½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 5505 Chevy Chase Parkway

3. NAME OF DECEASED: (Type or Print) (First) Byron (Middle) Trevellyan (Last) Hayden
4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 12-7-82
9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Secretary
10b. KIND OF BUSINESS OR INDUSTRY: Dist. Natl Security Corp.
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Edward Hayden
14. MOTHER'S MAIDEN NAME: Eleonora Eiler
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 577-14-7989
17. INFORMANT & ADDRESS: Byron T. Hayden, Jr.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1
Immediate cause (a) Thrombosis Iliac Artery — 24 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular Disease — years
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonitis, Atypical & Hypostatic

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 52, to MAR 1 , 19 53, that I last saw the deceased alive on MAR 1., 1953, and that death occurred at 6:35 P.M , from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr. W. H. E. DeSaussure, M.D. — ADDRESS 8025 Aberdeen Rd. Bethesda Md. — DATE SIGNED MAR 1, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-4-53 — NAME OF CEMETERY OR CREMATORY Rock Creek — LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR 3/2/53 — REGISTRAR'S SIGNATURE Bessie M. Ferguson — 24. FUNERAL DIRECTOR The S. H. Hines Co — ADDRESS 2801-14th St NW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03047

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda rural
LENGTH OF STAY (in this place): 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): [illegible]
STREET ADDRESS (If rural give location): [illegible]

3. NAME OF DECEASED: (Type or Print) (First) Bonita (Middle) Lynn (Last) Hendrix

4. DATE OF DEATH: (Month) March (Day) (Year) 19[illegible]

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: December 9, 1950
9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR: Months [illegible] Days 1 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Knoxville, Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Dean Hendrix
14. MOTHER'S MAIDEN NAME: Edith Sierra

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father: Dean Hendrix Same as #2 Above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 085.0 (a) Cardio vascular collapse
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Encephalitis (measles)
DUE TO
(c) Cerebral Palsy - since birth

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 0, 1953, to March 10, 1953, that I last saw the deceased alive on March 10 1953, and that death occurred at 11:20 A.M., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) [illegible] ADDRESS: U.S.Naval Hospital, Nnmc, Bethesda, Maryland DATE SIGNED: [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Removal - Burial
DATE THEREOF: March 1, 1953
NAME OF CEMETERY OR CREMATORY: BROOKLET CEMETERY
LOCATION (City, town, or county) (State): [illegible]
DATE REC'D BY LOCAL REGISTRAR: [illegible]
REGISTRAR'S SIGNATURE: Edith Whittington
24. FUNERAL DIRECTOR: R. A. Humphrey Funeral Home, [illegible] Avenue, Bethesda, Maryland.
ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

03048

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyds (rural) LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Germantown - Boyds Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Monty~~ 3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) R.F.D. #4

3. NAME OF DECEASED (Type or Print) (First) George (Middle) (Last) Herbert
4. DATE OF DEATH (Month) Mar (Day) 9 (Year) 1953

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 5-1924
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmers Helper
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Jefferson, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Albert Herbert
14. MOTHER'S MAIDEN NAME Elvelyn Keyes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Elvelyn Keyes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
83° X Immediate cause	(a) Hemorrhage due to fracture of skull	sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of jaw

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway (CITY OR TOWN) nr. Boyds (COUNTY) Monty (STATE) md
TIME OF INJURY (Month) (Day) (Year) (Hour) 3-9-53 - 12:15 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Driver of car which struck tree

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar. 14 53
NAME OF CEMETERY OR CREMATORY Sunnyside
LOCATION (City, town, or county) Sunnyside (State) Md.

DATE REC'D BY LOCAL REG. 14 March 1953
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Chas. E. Kirkpatrick III ADDRESS Fred. Md.

18 March 1953 Charles V. Elgin

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03049

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 916 Viers Mill Rd.

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Montgomery (Last) Higgins
4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 6th 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer-Retired
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Francis W. Higgins
14. MOTHER'S MAIDEN NAME: Ida E. Claggett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 120-164022
17. INFORMANT & ADDRESS: Mrs. Libbie Higgins 916 Viers Mill Rd. Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 587.0 (a) Pulmonary embolism DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pancreatitis, acute DUE TO

(c) ASHD c̄ cong. failure, d/chronic bronchitis

Interval Between Onset And Death 2 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 11, 53
19b. MAJOR FINDINGS OF OPERATION Pancreatitis, acute.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1953, to 3-18, 1953 that I last saw the deceased alive on 3-18, 1953, and that death occurred at 5:20 A.M., from the causes and on the date stated above.
SIGNATURE J. McCann (Degree or title) M.D. ADDRESS 326 E. Montgomery Ave Rockville, Md DATE SIGNED 3-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Mar 20 1953 NAME OF CEMETERY OR CREMATORY Laytonsville Md LOCATION (City, town, or county) Montgomery Co (State) Md
DATE REC'D BY LOCAL REGISTRAR 3/20/53 REGISTRAR'S SIGNATURE Bessie M. [illegible]
24. FUNERAL DIRECTOR Roy W. Barber ADDRESS Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13050

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 9 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexandria
STREET ADDRESS (If rural give location) Route 6 Box 228

3. NAME OF DECEASED: (Type or Print) (First) Donald (Middle) Albert (Last) Homrighausen
4. DATE OF DEATH: (Month) March (Day) 30 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	January 29 1911	41 yrs.	2	1		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Mariner
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy
11. BIRTHPLACE (State or foreign country): Wheatland, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frederick Homrighausen
14. MOTHER'S MAIDEN NAME: Ruby Richdesel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: WIFE: June Homrighausen Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
Immediate cause (a) Cerebral Hemorrhage Right (with Intraventricular Hemorrhage) DUE TO — Interval Between Onset And Death: 17 Hours.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(260X)
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Diabetes Mellitus Mild.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 30, 1953, to March 30, 1953, that I last saw the deceased alive on March 30, 1953, and that death occurred at 11:30 AM., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Warren F. Bell W. D. BRILL, LTJG MC USNR, U.S.Naval Hospital, NNMC, Bethesda, Maryland. March 31, 195

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 1 1953
NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL CEMETERY
LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR March 31 1953
REGISTRAR'S SIGNATURE Edith Worthington
24. FUNERAL DIRECTOR ADDRESS R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

VS. 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 2½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9514 Lindale Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 9514 Lindale Drive

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) L. (Last) HUBBARD
4. DATE OF DEATH (Month) March (Day) 9 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5/29/1914
9. AGE last birthday 38 yrs. If under 1 year Months 9 Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Government
10b. KIND OF BUSINESS OR INDUSTRY Central Intelligence
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Leonard Hubbard
14. MOTHER'S MAIDEN NAME Matilda Von Dielingen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) W.W. II (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Catherine C. Hubbard-Item#2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420 1

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Heart disease 3 yrs

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead on bed room floor.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brosehart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-9-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-12-53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

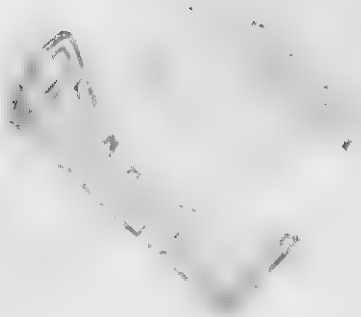
DATE REC'D BY LOCAL REG. 3/9/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 14 HRS - 45 MIN
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring
STREET ADDRESS (If rural give location): 8718 Manchester Road

3. NAME OF DECEASED: (First) Goldie (Middle) D. (Last) Hutchins

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 3, 1887

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jonas Corwin Dressler

14. MOTHER'S MAIDEN NAME: Delta Jane Nicholas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: medical record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Coronary occlusion with infarct — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Hypertensive C.V. disease — DUE TO

(c)

Interval Between Onset And Death: (a) 16 hrs; (b) unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 16, 1953, to Mar 17, 1953 that I last saw the deceased alive on Mar 16, 1953, and that death occurred at 3:45 A.M.; from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank G. Zack M.D. — ADDRESS: 8434 Georgia Ave. Silver Spring, Md. — DATE SIGNED: Mar 17, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/20/53 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 3/23/53 — REGISTRAR'S SIGNATURE: Lucie M. Thompson

24. FUNERAL DIRECTOR — ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct are especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5910 Aberdeen Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgome
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 5910 Aberdeen Rd.

3. NAME OF DECEASED: (Type or Print) (First) ERIC (Middle) ALFRED (Last) JOHNSON

4. DATE OF DEATH: (Month) March (Day) 28, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 16 May 1895

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months 10 Days 12 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Soil Conservationist

10b. KIND OF BUSINESS OR INDUSTRY: Dept. Agriculture

11. BIRTHPLACE (State or foreign country): Somerville, Mass.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Alfred Johnson

14. MOTHER'S MAIDEN NAME: Maria Anderson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W W 1

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Beatrice F. Johnson-Item#2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary Thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 30 minutes

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec ..., 1951., to March 28, 1953, that I last saw the deceased alive on ...3/10..., 1953, and that death occurred at 3/28 6:45 a.m. from the causes and on the date stated above.
SIGNATURE (Degree or title) Thomas E. Custin M.D. ADDRESS 900 17th St. N.W. Wash. D.C. DATE SIGNED 3/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 4-1-53 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 3/30/53 REGISTRAR'S SIGNATURE Bessie M. Thompson 24. FUNERAL DIRECTOR ADDRESS Robert W. Humphreys Bethesda, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ....

Montgomery

1. PLACE OF DEATH: COUNTY Rockville — WAVERLY SANATARIUM — MONTG — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville | LENGTH OF STAY (in this place) 18 months
   HOSPITAL OR INSTITUTION OR STREET ADDRESS WAVERLY SANATARIUM

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WAVERLY SANATARIUM COUNTY MONTG
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAME
   STREET ADDRESS (If rural, give location) SAME

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) ANN (Last) JORDAN

4. DATE OF DEATH: (Month) MARCH (Day) 12 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 20 July 1868

9. AGE last birthday: 84 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: RETIRED

11. BIRTHPLACE (State or foreign country): DEVONSHIRE ENGLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: THOMAS JORDAN

14. MOTHER'S MAIDEN NAME: GRACE PELLEOW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MAS MCLACHLEN 8007 Glendale Rd Chevy Chase Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute congestive heart failure	1/2 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease Grade III	2 yrs
	(c)	

4210

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Suspected aneurysm of aorta — Interval: unknown

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1947, to 12 March 1953, that I last saw the deceased alive on 10 March 1953, and that death occurred at 6.01 P m., from the causes and on the date stated above.

SIGNATURE: Herbert Martyn Jr (Degree or title) ADDRESS: 5029 Bethesda Ave. Beth. Md DATE SIGNED: 12 March 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3/14/1953 | NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery | LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG. 3/13/53 | REGISTRAR'S SIGNATURE: Bessie M Thompson

24. FUNERAL DIRECTOR: Joseph Gawler's Son ADDRESS: 1754 Pa. Ave. N.W. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Md.
STREET ADDRESS (If rural give location) 8401 - Irvington Street

3. NAME OF DECEASED: (Type or Print) (First) SUSIE (Middle) BONTZ (Last) JOSE

4. DATE OF DEATH: (Month) MARCH (Day) 17, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: DEC. 31, 1881

9. AGE Last birthday: 71 yrs. — IF UNDER 1 YEAR: Months 2, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT H. BONTZ

14. MOTHER'S MAIDEN NAME: MARGARET BONTZ

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MR. RUDOLPH JOSE - Husband - 8401 - Irvington Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Pulmonary Embolism — Interval Between Onset And Death 2 hrs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — 10 yrs
DUE TO
(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1949, to March, 1953, that I last saw the deceased alive on March 16, 1953, and that death occurred at 1005 AM from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD — ADDRESS 8016 Hampden Lane Bethesda — DATE SIGNED 3/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF MAR. 19/53 — NAME OF CEMETERY OR CREMATORY ROCK CREEK CEM. — LOCATION (City, town, or county) WASHINGTON, D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 3/17/53 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Martin W. Hysong Co. — ADDRESS Washington, D.C. 1300 - N St N.W.

VS. A15

RECEIVED
MAR 10
BUD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Takoma Park, Md.
LENGTH OF STAY (in this place) 6½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanit hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Silver Spring, Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 2913 Collins Ave.

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) (NMN) (Last) Kalmanowitz
4. DATE OF DEATH: (Month) 3 (Day) 14 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 3-18-99
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Czernauti, Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Kaseer
14. MOTHER'S MAIDEN NAME: Pearl Traeger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Pt's Chart

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Myocardial infarction massive & resultant cardiac failure — Interval Between Onset And Death: 1 hr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Coronary Insufficiency — 2-3 yrs?

(260X) (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetis Mellitus

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Mar, 1953, to 14 Mar, 1953, that I last saw the deceased alive on 14 Mar, 1953, and that death occurred at 10:45 Pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest E Harmon MD. ADDRESS 4360 Rockville Rd Sil Spg DATE SIGNED 15 Mar 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/16/53
NAME OF CEMETERY OR CREMATORY Mt Hebron Cem
LOCATION (City, Town, or County) (State) New York Mills

DATE REC'D BY LOCAL REGISTRAR Mar 15 1953
REGISTRAR'S SIGNATURE Kathleen Redd
24. FUNERAL DIRECTOR B Klaungauly
ADDRESS 3501-14th Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Coroner notified - appeared
Ernest Harmon MD.

2057

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 514

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane Nursing Home	STREET ADDRESS (If rural give location) 234 W. Walnut Lane

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) (Last) KEENAN			4. DATE OF DEATH (Month) MARCH (Day) 13 (Year) 1953		
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH 6/12/59	9. AGE last birthday 93 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney-at-law	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Greensburg, Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Edward J. Keenan			14. MOTHER'S MAIDEN NAME Eliza Kukmus		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none		17. INFORMANT Mr. Edward A. Keenan, 7700 Colesville Road West Hyattsville, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) ACUTE MYOCARDITIS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CHRONIC MYOCARDITIS

(c) CHRONIC PROSTATITIS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV. 30, 1952, to MARCH 13 1953, that I last saw the deceased alive on MARCH 13, 1953, and that death occurred at 11:20 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	1603 19th ST. N.W. Washington, D.C.	3/13/53

23. BURIAL, CREMATION REMOVAL (Specify) Trans. & Burial	DATE THEREOF 3/13/53	NAME OF CEMETERY OR CREMATORY St. Clair Cemetery	LOCATION (City, town, or county) (State) Greensburg, Pennsylvania
DATE REC'D BY LOCAL REG. [illegible]	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Warner E. Pungkrey	ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 4817 Chevy Chase Drive

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Morrison (Last) Kennedy
4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1953
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov 28, 1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months 3 Days 19 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Station Mgr.
10b. KIND OF BUSINESS OR INDUSTRY: Standard Oil
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John A Kennedy.
14. MOTHER'S MAIDEN NAME: Annie Boyd.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 578-03-2665A
17. INFORMANT & ADDRESS: Mary A Kennedy wife

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary artery thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)
Interval Between Onset And Death 8 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ,1948, to Mar 17, 1953, that I last saw the deceased alive on 3/17, 1953, and that death occurred at 4.50 pm, from the causes and on the date stated above.
SIGNATURE (Degree or title) Sevitt E DeFaulter, MD.
ADDRESS 8025 Aberdeen Rd
DATE SIGNED Bethesda, Md 3/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/20/53
NAME OF CEMETERY OR CREMATORY Louden Park
LOCATION (City, town, or county) (State) Baltimore Maryland
DATE REC'D BY LOCAL REGISTRAR 3/19/53
REGISTRAR'S SIGNATURE Bessie M Thompson
24. FUNERAL DIRECTOR Robert A Humphrey.
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct address especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown. Rural
LENGTH OF STAY (in this place) 55yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown. R F D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) Mullineaux (Last) King

4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov 18th 1871

9. AGE last birthday: 81 yrs. If under 1 year: Months 4 Days 10 If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home Work

11. BIRTHPLACE (State or foreign country): Howard Co, Md,

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Basil F. Mullineaux

14. MOTHER'S MAIDEN NAME: Marcella Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Lucile King. Germantown. R F D. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — Interval between onset and death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease — 15 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 7, 1947 to March 27, 1953, that I last saw the deceased alive on March 26, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE James P. Kerr (Degree or title) M.D. ADDRESS Damascus, Md. DATE SIGNED March 29, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/30/53

NAME OF CEMETERY OR CREMATORY: Babtis Church Cemetery

LOCATION (City, town, or county) (State): Cedar Grove. Md,

DATE REC'D BY LOCAL REG.: March 31

REGISTRAR'S SIGNATURE: Della N. Burdette

24. FUNERAL DIRECTOR: Ernest C. Gartner. ADDRESS: Gaithersburg. Md

4-3

RECEI
APR 6 1
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 15 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) District of Columbia
STREET ADDRESS (If rural give location) 840 Jefferson St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) May (Last) Kirkman

4. DATE OF DEATH: (Month) 3 (Day) 21 (Year) 1953

5. SEX Female Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-20-89
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Walk
14. MOTHER'S MAIDEN NAME: Sarah Shultz

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44-X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 20 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardio-vascular disease — 15 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 20, 1953, to Mar. 21, 1953, that I last saw the deceased alive on Mar. 20, 1953, and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Vance J. Maloney Jr. MD. ADDRESS Takoma Park Md DATE SIGNED Mar. 21, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/24/53
NAME OF CEMETERY OR CREMATORY Church of God Rem
LOCATION (City, town, or county) Washington Boro (State) Pa

DATE REC'D BY LOCAL REGISTRAR Mar. 21-1953
REGISTRAR'S SIGNATURE J. Nelson Dodd

24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS 4812 Gallatin St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4

RECEIVED
MAR 23 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1 — 3061

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 1 Mo. 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 3601 Wisconsin Avenue N.W.

3. NAME OF DECEASED: (Type or Print) (First) Jeannette (Middle) Drain (Last) Koch

4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: May 6, 1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months 10 Days 20 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lincoln, Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Thorp

14. MOTHER'S MAIDEN NAME: Helen Blythe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: James G. Drain Son: 5129 Saratoga Avenue Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

465 X

Immediate cause (a) Infarction, Lung, Bilateral — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition — 1 year.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 16, 1953, to March 26, 1953, that I last saw the deceased alive on March 26 1953, and that death occurred at 1:48 PM, from the causes and on the date stated above.

SIGNATURE R. O. Peckinpaugh (Degree or title) R. O. PECKINPAUGH, LT MC USN, ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland. DATE SIGNED March 26, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation. — DATE THEREOF March 28 1953 — NAME OF CEMETERY OR CREMATORY LEE CREMATORIUM — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR March 29, 1953 — REGISTRAR'S SIGNATURE Enid Whittington

24. FUNERAL DIRECTOR ADDRESS Lee Funeral Home, 4th.& Massachusetts Ave, N.E., Washington, D.C.

VS. A1

1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6366

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 5 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 3601 Wisconsin Avenue N.W.

3. NAME OF DECEASED: (Type or Print) (First) Ralph (Middle) A. (Last) Koch

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: April 2, 1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months 11 Days 12 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Lincoln, Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John M. Koch

14. MOTHER'S MAIDEN NAME:

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Stepson: James G. Drain 5129 Saratoge Avenue, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral thrombosis — Interval Between Onset And Death: 6½ hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardio-vascular disease — 20 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1953, to March 14, 1953, that I last saw the deceased alive on March 14 1953, and that death occurred at 12:35 PM, from the causes and on the date stated above.

SIGNATURE R. J. Whipple (Degree or title) R. J. WHIPPLE, CDR MC USN

ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland.

DATE SIGNED March 14, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF March 17 1953

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR March 14, 1953

REGISTRAR'S SIGNATURE Elick Whittington

24. FUNERAL DIRECTOR ADDRESS Joseph Gawler's Funeral Home, 1756 Penn.Ave, N.W., Washington, D.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 20663

CERTIFICATE OF DEATH

Reg. Dist. No. 25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 5021 North Capitol Street N.E.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Harry (Last) Krug

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 23 1893

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months 11 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Broker

10b. KIND OF BUSINESS OR INDUSTRY: Finance

11 BIRTHPLACE (State or foreign country): Philadelphia,Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harry Krug

14. MOTHER'S MAIDEN NAME: Sarah Benecke

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Brother: Thomas B. Krug, 2127 Delancey Street, Philadelphia,Penn.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Respiratory Failure — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Pulmonary metastases — 2 months

DUE TO

(c) Carcinoma, Stomach — 7 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 22, 1953, to March 14, 1953, that I last saw the deceased alive on March 14, 1953, and that death occurred at 10:27 AM, from the causes and on the date stated above.

SIGNATURE H. A. Sparks (Degree or title) ADDRESS H. A. SPARKS, LT MC USN, U.S.Naval Hospital,NNMC,Bethesda,Maryland. DATE SIGNED March 14 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORY Arlington NAtional Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR March 14, 1953

REGISTRAR'S SIGNATURE Enid Whittington

24. FUNERAL DIRECTOR ADDRESS Chambers Funeral Home, 1400 Chapin Street, N.W.,Washington, D.C.

VS/A15j

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Md.
STREET ADDRESS (If rural, give location) 1920 - Grace Church Road

3. NAME OF DECEASED (Type or Print): (First) IRVING (Middle) W. (Last) LAMORE
4. DATE OF DEATH: (Month) MARCH (Day) 23, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. (SINGLE) MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Nov. 6, 1874
9. AGE last birthday: 78 yrs. — If under 1 year: Months 4, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardener
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Marquette, Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Lamore
14. MOTHER'S MAIDEN NAME: Roxcy Hart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Miss Estelle Lamore - 1920 - Grace Ch. Rd. Silver Spring, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
321 X
Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension — several years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feby 2, 1953, to Mar 23, 1953, that I last saw the deceased alive on Mar 22, 1953, and that death occurred at 4:20 A. m., from the causes and on the date stated above.
SIGNATURE (Degree or title) John N. Andrews M.D. ADDRESS 9601 Colesville Rd Silver Spring Md DATE SIGNED 3-23-53

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF: Mar. 25/53
NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory
LOCATION (City, town, or county) (State): Pr. Geo. Co., Md.
DATE REC'D BY LOCAL REG. 3-25-53
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: Martin W. Hyson Co. — ADDRESS: Wash. D.C. 1300 N St. N.W.

Twin #2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03065

CERTIFICATE OF DEATH

Reg. Dist. No. 2-16

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 18 hrs. 15 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 6650 Hillandale Rd.

3. NAME OF DECEASED: (Type or Print) (First) Infant Female (Middle) " (Last) Langmaid

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: March 12 1953

9. AGE last birthday: yrs. | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours 18 | Min. 15

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bethesda, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harold Guy Langmaid

14. MOTHER'S MAIDEN NAME: Helen Irene Mazza

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: 6650 N Hillandale Road
Helen Langmaid - Chevy Chase Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 776 X Prematurity DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 12, 1953, to March 13, 1953, that I last saw the deceased alive on March 13, 1953, and that death occurred at 2:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) M D ADDRESS 6900 Wisconsin Ave DATE SIGNED March 14 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3-17-53

NAME OF CEMETERY OR CREMATORY Mt. Olivet

LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 3/14/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Robert A. Dunphey

ADDRESS Bethesda, Md.

2233332220

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

MAR 16 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03050

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural
LENGTH OF STAY (in this place): 8 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Montgomery
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural give location): 6100 Connecticut Avenue

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Patrick (Last) Lannon

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: October 12, 1878

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months 5 Days 1 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Lannon

14. MOTHER'S MAIDEN NAME: Johanna Reddy

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Nephew: John D. Lannon 425 East 72nd. St.,New York, New York

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral thrombosis — Interval between Onset And Death: 8 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerosis, generalized — 15 YEARS

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 5, 1953, to March 13, 1953, that I last saw the deceased alive on March 13, 1953, and that death occurred at 11:05 AM, from the causes and on the date stated above.

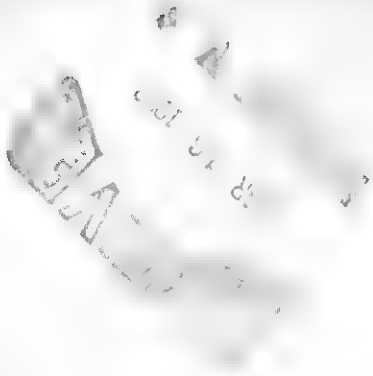
SIGNATURE K. J. Whipple (Degree or title) — ADDRESS — DATE SIGNED

R. J. WHIPPLE, CDR MC USN, U.S. Naval Hospital,NNMC,Bethesda,Maryland March 13, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 18,1953 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR: March 13, 1953 — REGISTRAR'S SIGNATURE: Edith E. Arlington

24. FUNERAL DIRECTOR — ADDRESS: R.A.Pumphrey Funeral Home,7557 Wisconsin Avenue, Bethesda,Maryland.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03067

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montgomery County General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgy.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Benjamen (Middle) (Last) Ledman

4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: March 15, 1885

9. AGE last birthday: 67 yrs. — If UNDER 1 YEAR: Months / Days — If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): unk. — (If Yes, give war or dates of service): unk.

16. SOCIAL SECURITY NO.: 243-20 3532 unk.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cerebral Hemorrhage — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Sen. Arteriosclerosis — DUE TO

(c)

Interval Between Onset And Death: (a) 48 hours (b) ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cystine Hemorrhage — 48 hours

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): — (COUNTY): — (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4/ ..., 1953, to 3/5/ , 1953, that I last saw the deceased alive on 3/5/ ..., 1953, and that death occurred at 7.45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): M.D. — ADDRESS: Sandy Spring — DATE SIGNED: 3/6/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mar 8 1953 — NAME OF CEMETERY OR CREMATORY: Forest Oak — LOCATION (City, town, or county): Gaithersburg — (State): Md

DATE REC'D BY LOCAL REGISTRAR: 3-6-1953 — REGISTRAR'S SIGNATURE: Gertrude B Lawson

24. FUNERAL DIRECTOR: Roy W Barber — ADDRESS: Laytonsville Md

MAR 11 1953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

03068

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Layhill
LENGTH OF STAY (In this place) ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS Woodley Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kronty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) R.F.D. # 1

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Albert (Last) Lee

4. DATE OF DEATH (Month) March (Day) 25 (Year) 1953

5. SEX Male
6. COLOR OR RACE Cil
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Oct 8, 1907
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Construction Co.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Gus Rodgers
14. MOTHER'S MAIDEN NAME Annie Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Annie King

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

322.0

Immediate cause (a) Acute cardiac failure due to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) exposure

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Reported to have been drinking

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart, M.D. ADDRESS Gaithersburg, Md DATE SIGNED 3-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/31/53
NAME OF CEMETERY OR CREMATORY Mt Pleasant
LOCATION (City, town, or county) Norbeck, Md (State)

DATE REC'D BY LOCAL REG. 3/31/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert L. Snowden, Rockville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Item 18 Film G152 3-27-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

13064

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 3913 Hampden St.

3. NAME OF DECEASED (Type or Print): (First) Preston (Middle) (Last) Lewis

4. DATE OF DEATH: (Month) Mar (Day) 14 (Year) 1953

5. SEX: male — 6. COLOR OR RACE: col — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single — 8. DATE OF BIRTH: Sept. 19, 1947 — 9. AGE last birthday: 5 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child — 10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Washington, D.C. — 12. CITIZEN OF WHAT COUNTRY? U

13. FATHER'S NAME: George Lewis

14. MOTHER'S MAIDEN NAME: Ola Mae Bigger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service): World War II & III

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: George C. Lewis, Kensington, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812 X **Immediate cause** (a) Asphyxia due to Vomitus — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest (Left) — 5½ hrs

(c) Pedestrian - Struck by automobile

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Partial collapse of lung

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street — (CITY OR TOWN) Kensington — (COUNTY) Monty — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED White at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Frank J. Broccato M.D. Gaithersburg Md 3-14-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/18/53 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) Arlington, Va (State)

DATE REC'D BY LOCAL REG. 3/19/53 — REGISTRAR'S SIGNATURE Bessie M. Thompson — 24. FUNERAL DIRECTOR — ADDRESS Robert L. Sudorken, Rockville Md

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 03070 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING
especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda
LENGTH OF STAY (in this place) 30 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 915 Robin Road.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Albert (Last) Longmore
4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	2/16/87	66 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Weaver	Carpets & rugs	England.	U.S.A.

13. FATHER'S NAME: James Longmore
14. MOTHER'S MAIDEN NAME: Bertha Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No			Lillian Maude Longmore 915 Robin Rd. Silver Sp. Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause (a)	Myocardial Infarction	24 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO	Coronary Heart Disease	2 yrs
(c) DUE TO	Arteriosclerosis	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Edema — 6 hr

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

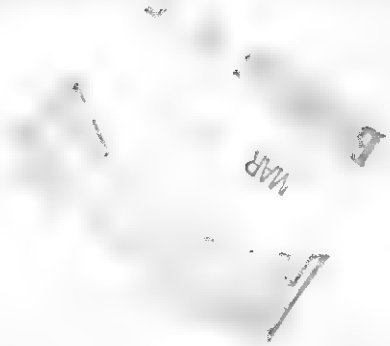
22. I hereby certify that I attended the deceased from Jan. 1, 1952, to March 1, 1953, that I last saw the deceased alive on March 1, 1953, and that death occurred at 3:50 P.M., from the causes and on the date stated above.

SIGNATURE Walter L White (Degree or title) M.D. ADDRESS 9715 Georgia Ave Silver Spring DATE SIGNED March 5 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Trans. & Burial	3/3/53	Thompsonville Cemetery	Hartford County, Connecticut

DATE REC'D BY LOCAL REGISTRAR 3/5/53
REGISTRAR'S SIGNATURE Bessie M Thompson
24. FUNERAL DIRECTOR ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03071

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda rural
LENGTH OF STAY (in this place): 7 Hrs 25 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chevy Chase
STREET ADDRESS (If rural give location): 218 Raymond Street

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Joseph (Last) Mahoney

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: September 18, 1891

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months 6 Days 2 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Worcester Massachusetts.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Mahoney

14. MOTHER'S MAIDEN NAME: Lucy Craigen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes. (If Yes, give war or dates of service): WWI, WWII Mexican

16. SOCIAL SECURITY NO.: 577 46 6578

17. INFORMANT & ADDRESS: Wife: Helen Mahoney. Same as #2 above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Infarction, Myocardium — Interval Between Onset And Death: 12 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — Interval Between Onset And Death: 10 Years ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia, Right lower lobe 2 days

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 20, 1953, to March 20, 1953, that I last saw the deceased alive on March 20, 1953, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

SIGNATURE: H. Bruce Gregor (Degree or title) ADDRESS: U.S.Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED: March 21, 1953

J. B. MAC GREGOR, CDR, MC, USN

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 24 1953 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR: March 21 1953 — REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: Joseph Gawler's Sons Funeral Home, 1756 Pennsylvania Avenue, N.W., Washington, D.C.

VS. A15

RECEIVED
MAR 23 1953
BUREAU V. S.

C3072

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (In this place) 9 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7301 Birch Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mass COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roxbury
STREET ADDRESS (If rural, give location) 53 George St.

3. NAME OF DECEASED (Type or Print) (First) Sumner (Middle) Norman (Last) Marder

4. DATE OF DEATH (Month) Mar (Day) 4 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8-24-1922
9. AGE last birthday 30 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician
10b. KIND OF BUSINESS OR INDUSTRY N.I.H
11. BIRTHPLACE (State or foreign country) Mass
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Marder
14. MOTHER'S MAIDEN NAME Minnie Lutsky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Dr S. Stein 8814 Patton Drive Silver Spring Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Barbiturate poisoning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in home

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental Care - Left note

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-4-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 5, 1953
NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery
LOCATION (City, town, or county) Boston, (State) Mass

DATE REC'D BY LOCAL REG. March 4th 1953
REGISTRAR'S SIGNATURE Stillion Dodd
24. FUNERAL DIRECTOR Milton J. Parker ADDRESS 254 Carroll Street Takoma Park 12 D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MAR 6

63073

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4847 Park Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Montgomery COUNTY Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 4847 Park Ave

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Alexander (Last) Marks.
4. DATE OF DEATH (Month) Mar (Day) 28 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH 8-20-81
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent
10b. KIND OF BUSINESS OR INDUSTRY Insurance
11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Alexander Marks
14. MOTHER'S MAIDEN NAME Annie Truesdale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 577-07-6191
17. INFORMANT Mary I. Marks- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4/4 X

Immediate cause (a) Lobar Pneumonia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Lupus Erythematosis

(c)

INTERVAL BETWEEN ONSET AND DEATH 10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-24, 1953, to 3-28, 1953, that I last saw the deceased alive on 3-28, 1953, and that death occurred at 4:45 A m., from the causes and on the date stated above.

SIGNATURE E. Herbert Bauersfeld (Degree or title) MD. ADDRESS 1912 R. St. N.W. DATE SIGNED 3-28-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-31-53
NAME OF CEMETERY OR CREMATORY ~~XXXXXXXXXX~~ Mt. Olivet
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 3/30/53
REGISTRAR'S SIGNATURE Dessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR 1 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (13074)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 108 Cairo Street

3. NAME OF DECEASED: (Type or Print) (First) Everett (Middle) John. (Last) Martin.

4. DATE OF DEATH: (Month) 3 (Day) 18 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: Colored.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 8, 1894

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer.

10b. KIND OF BUSINESS OR INDUSTRY: Housemaid

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U S a.

13. FATHER'S NAME: Wallace Joe Martin

14. MOTHER'S MAIDEN NAME: Adeline Martin.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Gertrude Martin (Sister.) 108 Cairo Street, Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
446X Immediate cause	(a) Uremia	10 days.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Arteriolosclerotic Nephropathy	3 years
DUE TO	(c) Malignant Hypertension (220/126)	3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Atelectasis Left lung, terminal bronchopneumonia 2 days

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Mar, 1953, to 18 Mar, 1953, that I last saw the deceased alive on 18 Mar, 1953, and that death occurred at 5:20 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M. D. Suburban Hospital Bethesda Md 19 Mar 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/22/53
NAME OF CEMETERY OR CREMATORY Lincoln Park,
LOCATION (City, Town, or County) Rockville, Md (State)
DATE REC'D BY LOCAL REGISTRAR 3/23/53
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Robert L. Snowden Rockville, Md ADDRESS

RECEIVED
MAR
BUREAU V. S.

03075

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lincoln Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Lincoln Park

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Martin (Last)

4. DATE OF DEATH (Month) Mar. (Day) 20 (Year) 1953

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr. 16, 1881
9. AGE last birthday 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME Ella Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Rosie Martin, Rockville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage, left hemiplegia — INTERVAL BETWEEN ONSET AND DEATH March 17, 1953.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, obesity — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 18, 1953, to March 20, 1953, that I last saw the deceased alive on March 20, 1953, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm A. Linthicum MD. ADDRESS Rockville, Md. DATE SIGNED 3/20/53.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/24/53
NAME OF CEMETERY OR CREMATORY Lincoln Park
LOCATION (City, town, or county) Rockville, Md. (State)

DATE REC'D BY LOCAL REG. 3/26/53
REGISTRAR'S SIGNATURE A. W. Hedrick MD
24. FUNERAL DIRECTOR Robert L. Snowden - ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 93076

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 2705 Colston Drive

3. NAME OF DECEASED: (Type or Print) (First) MAUDE (Middle) MILDRED (Last) McBRIDE

4. DATE OF DEATH: (Month) Mar. (Day) 19 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 31, 1889
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): School teacher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis C. McBride
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Stoner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X
Immediate cause (a) Cardio-respiratory failure
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) General carcinomatosis
DUE TO (c) Carcinoma of right breast

Interval Between Onset And Death: 6 mos ± 3 yrs +

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov 1950
19b. MAJOR FINDINGS OF OPERATION Radical rt. mastectomy for Ca. On 1-1-53 Positive biopsy for subcutaneous nodule
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1953, to Mar. 19, 1953, that I last saw the deceased alive on Mar. 18, 1953, and that death occurred at 10:36 a.m., from the causes and on the date stated above.

SIGNATURE Dead N. Calvert (Degree or title) M.D. 7894 ADDRESS Ga Ave., Silver Spring, Md DATE SIGNED 3-19-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/23/53
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem
LOCATION (City, town, or county) Suitland (State) Maryland

DATE REC'D BY LOCAL REGISTRAR Mar. 20 1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR The S. Hines Co 2901 14th NW ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

013077

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (In this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9611 Dallas Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS 9611 Dallas Ave (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lulu (Middle) Marie (Last) McKay

4. DATE OF DEATH: (Month) Mar (Day) 3 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 4-16-1885

9. AGE Last birthday: 67 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Osmond H Jones

14. MOTHER'S MAIDEN NAME: Mary A Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Iola K. Jones 9611 Dallas Ave Silver Spring Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331/X **Immediate cause** (a) Cerebral hemorrhage — Interval between onset and death: 6 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) hypertension — 9 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Broschart M.D. Gaithersburg md 3-3-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 3/6/53 | NAME OF CEMETERY OR CREMATORY Congressional | LOCATION (City, town, or county) (State) Wash., D.C.

DATE REC'D BY LOCAL REG. 3-6-53 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR W.W. Chambers Co., Rockville, Md. | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03078

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 7 hrs 50 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 12216 Kendall St.,

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) McLane

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: March 25, 1953

9. AGE last birthday: 7 hours yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours 7 Min. 50

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). none

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Takoma Park, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Keith McLane

14. MOTHER'S MAIDEN NAME: Susan Dorothy Ammann

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) --

16. SOCIAL SECURITY No.: --

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.0

Immediate cause (a) Cerebral anoxia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Brow presentation

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19.., to March 25, 1953, that I last saw the deceased alive on ..., 19.., and that death occurred at 10:05 a.m., from the causes and on the date stated above.

SIGNATURE Katharine A. Chapman, Md. (Degree or title) ADDRESS 3924 Baltimore St. Kensington, Md. DATE SIGNED March 25, 1953

23. BURIAL, CREMATION, REMOV. L. (Specify) cremation.

DATE THEREOF 3-25-53

NAME OF CEMETERY OR CREMATORY Wash San & Hospital

LOCATION (City, town, or county) (State) Takoma Park, Maryland.

DATE REC'D BY LOCAL REGISTRAR Mar. 26-1953

REGISTRAR'S SIGNATURE J. Hilton Dodd

24. FUNERAL DIRECTOR R. A. Hare, M.D. Wash San & Hospital ADDRESS

2033302404

VS. A15 Written permission rec'd from both parents. MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Med. Record Librarian

MAR
RIVEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03079

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS # 31 Kirk St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) # 31 W. Kirk Street

3. NAME OF DECEASED: (Type or Print) (First) LOUIS (Middle) J. A. (Last) MERCIER
4. DATE OF DEATH: (Month) (Day) (Year) March 12, 1953
5. SEX: MALE Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 6/19/1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months 8 Days 23 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Professor
10b. KIND OF BUSINESS OR INDUSTRY: Geo-Town University
11. BIRTHPLACE (State or foreign country): LeMans, France
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Francois Mercier
14. MOTHER'S MAIDEN NAME: Marie Valliot
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Zoe L. Mercier, # 13 W. Kirk St., Chevy Chase, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

155X

Immediate cause (a) Carcinoma of Gallbladder — 6 months.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Metastatic Malignant Peritonitis — 2 months.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Heart Disease - compensated — 25 yr. Auricular Fibrillation — 5 yr.

19a. DATE OF OPERATION: 1/8/53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Gallbladder with metastases to liver
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to March 12, 1953, that I last saw the deceased alive on March 12, 1953, and that death occurred at 10:40 P.M., from the causes and on the date stated above.

SIGNATURE Bertram F. Schayer. (Degree or title) M.D. ADDRESS 1801 K. St. N.W. DATE SIGNED Wash. D.C. 3/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 3-16-1953 NAME OF CEMETERY OR CREMATORY St. Ignatius Church Cem. LOCATION (City, town, or county) Prince Geo. Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3/16/53 REGISTRAR'S SIGNATURE Bessie M Thomp

24. FUNERAL DIRECTOR Jos. Gawler's Sons ADDRESS 1756 Penna. Ave. Washington, D. C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03080

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Md
LENGTH OF STAY (in this place) 2½ Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS CEDARCROFT SANITARIUM

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va. COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural, give location) 1018 So Scott Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Maude Martin Mertens

4. DATE OF DEATH (Month) (Day) (Year) March 27 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Sept. 4 1885
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unk.
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Upper Mallboro, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John F. Martin
14. MOTHER'S MAIDEN NAME Sarah L Sweeney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. [illegible] Taylor 1018 So Scott Str[illegible] Arlington, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Acute Congestive Heart Failure	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	?
	(c) Cerebral Arteriosclerosis with Psychosis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/14, 1953, to Mar. 27, 1953, that I last saw the deceased alive on 3/27, 1953, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE Richard B. Thibadeau Jr. (Degree or title) ADDRESS Silver Spring, Md. CEDARCROFT SANITARIUM DATE SIGNED 3/27/53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 3/30/53 NAME OF CEMETERY OR CREMATORY Columbia Gardens LOCATION (City, town, or county) Arlington Va. (State)

DATE REC'D BY LOCAL REG. 3 5 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 1400 Chaplin St N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

63081

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MONTGOMERY COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
STREET ADDRESS (If rural give location) 5111 MANNING DR.

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) WINCHESTER (Last) MILLER

4. DATE OF DEATH (Month) Mar. (Day) 28 (Year) 1953.

5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH MAY 6 1888 | 9. AGE last birthday 64 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) WASHINGTON DC
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME JAMES WINCHESTER
14. MOTHER'S MAIDEN NAME MARY GUYTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT HARRY H. MILLER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	1 hour
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	10 years
	(c) diabetes mellitus	18 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 14, 1953, to Mar 28, 1953, that I last saw the deceased alive on Mar 28, 1953, and that death occurred at 8:38 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Emil G. Bauersfeld M.D. Bethesda, Md. March 28-53.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 3-31-53 | NAME OF CEMETERY OR CREMATORY OAK HILL CEMT. | LOCATION (City, town, or county) (State) WASHINGTON

DATE REC'D BY LOCAL REG. 3/30/53 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR ADDRESS Joseph F. Birch's Sons Wash, DC.

APR 1 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1508

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda 9 Mi; LENGTH OF STAY (in this place) 15 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY OR TOWN Clarksburg; STREET ADDRESS (If rural give location) Box 48

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) B. (Last) Mornington

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept 2 - 1874

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: dog work

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Clarksburg, Md. Niece Nicie Simmons. Box 48.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure & auricular fibrillation, and rapid ventricular rate.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Coronary heart disease.

(c)

Interval Between Onset And Death

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18-, 1953, to 3-19-, 1953, that I last saw the deceased alive on 3-18-, 1953, and that death occurred at 1:15 A.M. from the causes and on the date stated above.

SIGNATURE George A. Gray, Jr. (Degree or title) M.D. ADDRESS Suburban Hospital Bethesda, Md. DATE SIGNED 3-19-'53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF March 1953; NAME OF CEMETERY OR CREMATORY Clarksburg; LOCATION (City, town, or county) Md (State)

DATE REC'D BY LOCAL REGISTRAR 3/20/53; REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Roy W. Barber; ADDRESS Laytonsville Md

VS. A15

RECEIVED
MAR 23 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03083

CERTIFICATE OF DEATH

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A46

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 1 month 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Vermont — COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Berkshire
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) Staples (Last) Morton

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 7, 1895

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months 7 Days 12 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Roanoke, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Egbert Staples

14. MOTHER'S MAIDEN NAME: Mary Lawler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Husband: Benjamin R. Morton. Same as #2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) Retroperitoneal metastatic carcinoma — Interval Between Onset And Death: 3 weeks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma, rectum — 2 years.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-9-53

19b. MAJOR FINDINGS OF OPERATION: Bilateral chordotomy for intractable pain

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 29, 1953, to March 19, 1953, that I last saw the deceased alive on March 19, 1953, and that death occurred at 12:40 AM, from the causes and on the date stated above.

SIGNATURE E. P. Thelen (Degree or title) LCDR. MC USN, ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland. DATE SIGNED March 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF March 23, 1953 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR March 19, 1953 — REGISTRAR'S SIGNATURE Enid Whittington

24. FUNERAL DIRECTOR ADDRESS Lee Funeral Home, 4th.& Massachusetts Ave, N.W., Washington, D.C.

RECEIVED
MAR 23 1953
BUREAU V. S.

Items 8,9 FilmG153 4/29/53 whw

03084

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10717 Shaftsbury St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE DC COUNTY ~~Montgomery~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1726 Corcoran St N.W.
STREET ADDRESS (If rural, give location) Washington, DC

3. NAME OF DECEASED: (Type or Print) (First) Lydia (Middle) Moton (Last)

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb. 14, 1888
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Laytonsville, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathaniel Davis
14. MOTHER'S MAIDEN NAME: Rachel Snowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Isabelle Simpson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 592x

Immediate cause (a) Chronic Nephritis Uraemia — INTERVAL BETWEEN ONSET AND DEATH 10 days

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1953, to March 18, 1953, that I last saw the deceased alive on March 17, 1953, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE Webster Sewell (DEGREE OR TITLE) M.D. ADDRESS Silver Spring DATE SIGNED 3-21-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3/21/53
NAME OF CEMETERY OR CREMATORY Brooke Grove
LOCATION (City, town, or county) Laytonsville, Md (State)
DATE REC'D BY LOCAL REG. 3/23/53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Robert L. Snowden, Rockville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

03085

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Burtonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fire House

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural, give location) Robey Road R# 2

3. NAME OF DECEASED (Type or Print) (First) Wayne (Middle) Laroy (Last) Nelson

4. DATE OF DEATH (Month) March (Day) 1 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 12/23/1951
9. AGE last birthday 1 yrs. If under 1 year: Months 2 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Clifford Dean Nelson
14. MOTHER'S MAIDEN NAME Bessie Hartt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Clifford Nelson - Silver Spring, Md. R# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491 X

Immediate cause (a) Broncho-pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: ? 1 day

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D.
ADDRESS Gaithersburg Md
DATE SIGNED 3-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-4-53
NAME OF CEMETERY OR CREMATORY Burtonsville Union Cem.
LOCATION (City, town, or county) (State) Burtonsville, Md

DATE REC'D BY LOCAL REG. 3-1-53
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR J. Arthur Wallers By HMDay
ADDRESS 254 Carroll St N.W. Takoma Park, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

03086

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rockville - rural
LENGTH OF STAY (in this place): 3 yrs - 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Waverley Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frederick City
STREET ADDRESS (If rural, give location): 200 Rockwell Terrace

3. NAME OF DECEASED (Type or Print) (First) Maud (Middle) Rolland (Last) Naumann

4. DATE OF DEATH (Month) March (Day) 31 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug
9. AGE last birthday: 80 yrs. — If under 1 year: Months 5, Days 2 — If under 24 hrs.: Hours —, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): Norfolk, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Rolland
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Hoagwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Mrs. A. Colman Barrett, 5621 - Lambeth Rd, Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	Mch. 25-1953
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral thrombosis	Jan. 24-1950
	(c) Arterio-sclerosis	4 years

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mch. 1st 1953, to Mch. 31, 1953, that I last saw the deceased alive on Mch. 30, 1953, and that death occurred at 6 A.M. m., from the causes and on the date stated above.

SIGNATURE: Wheeler O. Huff (Degree or title) M.D. ADDRESS: 4529 - Maple Ave., Bethesda - 14, Md. DATE SIGNED: Mch. 31-1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4/7/53
NAME OF CEMETERY OR CREMATORY: Mt. Olivet
LOCATION (City, town, or county) (State): Frederick Frederick Md

DATE REC'D BY LOCAL REG.: 3-31-53
REGISTRAR'S SIGNATURE: Helen S. Eckenfelder per LVA
24. FUNERAL DIRECTOR: Harry E. Carty Co. ADDRESS: Frederick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 1 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03087

CERTIFICATE OF DEATH

Reg. Dist. No. 2-8

1. PLACE OF DEATH: COUNTY Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove. Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Annie	Maude	Nuttall	3	17	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Sept 21-1871	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Home Work	London-England	U.S.A.

13. FATHER'S NAME: Daniel Robenson

14. MOTHER'S MAIDEN NAME: Charolett Hodges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
			Maude S. Nuttall, WashingtonGrove Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary occlusion — 1½ days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
			m.			

22. I hereby certify that I attended the deceased from ..... 19.48, to Mar 17, 1953, that I last saw the deceased alive on Mar 17, 1953, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
F. J. Bouchart	M.D.	Gaithersburg Md	3-18-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-20-53	Forest Oak	Gaithersburg. Md,

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Mar 19 1953	Maude S. Cooke	Ernest C. Gartner. Gaithersburg. Md

RECEIVED
MAR 24 1973
BUREAU OF

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT5

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda rural
LENGTH OF STAY (in this place): 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Colorado — COUNTY: Jefferson
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Lakewood
STREET ADDRESS (If rural give location): 2052 Brentwood

3. NAME OF DECEASED (Type or Print): (First) Milton (Middle) Roy (Last) Parrish

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: December 3, 1915

9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR: Months 3 Days 9 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Government

11. BIRTHPLACE (State or foreign country): Olathe Colorado

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James L. Parrish

14. MOTHER'S MAIDEN NAME: Nellie D. Clouston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): yes (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wife: Marjorie D. Parrish Same as #2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Amyloidosis, primary, systemic — Interval Between Onset And Death: 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO:
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work [ ] Not While At Work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 23, 1953, to March 12, 1953, that I last saw the deceased alive on March 12, 1953, and that death occurred at 2:44 A.M., from the causes and on the date stated above.

SIGNATURE: R. J. Whipple (Degree or title): CDR. MC USN ADDRESS: U.S.Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED: March 12, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF: March 13, 1953
NAME OF CEMETERY OR CREMATORY: CEDAR HILL CREMATORIUM
LOCATION (City, town, or county) (State): PRINCE GEORGES COUNTY MARYLAND
DATE REC'D BY LOCAL REGISTRAR: March 12, 1953
REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03089

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
MARYLAND LENGTH OF STAY (in this place) 13½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) Route #1

3. NAME OF DECEASED: (Type or Print) (First) EDITH (Middle) ESTELLE (Last) PAUL

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: December 21. 1889

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brooklyn, New York

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Edward S Upson

14. MOTHER'S MAIDEN NAME: Mary Wilkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT'S ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Congestive Heart failure	1 wk
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) DUE TO Cerebral thrombosis	2 wk
	(c) DUE TO Obesity - marked	10 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1953, to Mar 31, 1953, that I last saw the deceased alive on Mar 30, 1953, and that death occurred at 4:10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Dewitt Fox, M.D. ADDRESS Silver Spring, Md DATE SIGNED March 31, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF April 2 1953

NAME OF CEMETERY OR CREMATORY Greenwood Cemetery

LOCATION (City, town, or county) (State) Trenton, Mercer New Jersey

DATE REC'D BY LOCAL REGISTRAR 3/31/53

REGISTRAR'S SIGNATURE J. Wilmer Dodd

24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll St. NW Takoma Park, D.C.

VS. A15

RECEIVED
APR 6 1953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03090

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Alden Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 1 Alden Lane

3. NAME OF DECEASED (Type or Print) (First) Cornelius (Middle) Helen (Last) Plummer

4. DATE OF DEATH (Month) Mar (Day) 7 (Year) 1953

5. SEX Female
6. COLOR OR RACE col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH April 20, 1883
9. AGE last birthday 69 yrs. If under 1 year Months 10 Days 17 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House maid
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Charles County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Clements
14. MOTHER'S MAIDEN NAME Alice Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 579-44-0559
17. INFORMANT AND ADDRESS Kathleen Jenkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
42.1

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-7-53

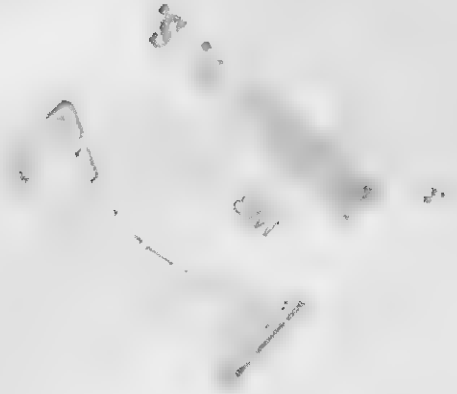
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/12/53
NAME OF CEMETERY OR CREMATORY Woodlawn
LOCATION (City, town, or county) (State) [illegible] S.C.

DATE REC'D BY LOCAL REG. 3/9/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible] S.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03091

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH:
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
MARYLAND LENGTH OF STAY (in this place) 1½ Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 58 Beech Ave.

3. NAME OF DECEASED: (Type or Print) (First) Cyrus (Middle) Wilbur (Last) Poole

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Jan. 17, 1891

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months 1 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Printer

10b. KIND OF BUSINESS OR INDUSTRY: Govt.

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lawson Poole

14. MOTHER'S MAIDEN NAME: Elizabeth Boswell.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Jessie D. Poole (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

330X

Immediate cause (a) Subarachnoidal Hemorrhage — Interval Between Onset And Death: 2 hours

Antecedent causes (b) Generalized arteriosclerosis — 10 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 5, 1952, to Mar. 8, 1953, that I last saw the deceased alive on Mar 8, 1953, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Emil J. Bamforth M.D. ADDRESS Bethesda, Md. DATE SIGNED Mar. 8, 1953.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3/11/53

NAME OF CEMETERY OR CREMATORY Parklawn

LOCATION (City, town, or county) Rockville (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 3/9/53

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03092

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park — LENGTH OF STAY (in this place) 15 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Walnut Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 4 Walnut

3. NAME OF DECEASED: (Type or Print) (First) Olive (Middle) (Last) Poulton
4. DATE OF DEATH (Month) Mar (Day) 24 (Year) 1953
5. SEX: Fem
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify):
8. DATE OF BIRTH: Sept 15 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Ellicott City, Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Charles Oliver Isaac
14. MOTHER'S MAIDEN NAME: Georgia Anna Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Frank Isaac - 4325 Iowa Ave NW Wash DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Uremia — Interval Between Onset And Death: 2 days.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Thrombosis — Onset 1/26/53.

DUE TO

(c) Gen Arteriosclerosis & Hypertension — 6 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/29/ 1947 to 3/24/ 1953, that I last saw the deceased alive on 3/24/ 1953, and that death occurred at 8 05 pm, from the causes and on the date stated above.

SIGNATURE H. T. Morse M.D. (Degree or title) 7030 Carroll Ave. ADDRESS Takoma Park Md DATE SIGNED 3/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Mar 27 1953 — NAME OF CEMETERY OR CREMATORY Rock Creek Cem — LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REGISTRAR March 24-1953 — REGISTRAR'S SIGNATURE J. Wilton Dodd

24. ~~FUNERAL DIRECTOR~~ The S. H. Hines Co. ADDRESS 2901 14th St N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03093

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 120 East Thornapple

3. NAME OF DECEASED: (Type or Print) (First) Madoline (Middle) Caroline (Last) Proctor

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: May 6, 1872
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months 10 Days 3 IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): teacher
10b. KIND OF BUSINESS OR INDUSTRY: public school
11. BIRTHPLACE (State or foreign country): Switzerland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herman Bucher
14. MOTHER'S MAIDEN NAME: Kinegunde Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Robert W. Proctor, Jr. - same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Cardiac Failure
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis
DUE TO

(c) Dg Diabetes Mellitus

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of Left Clavicle on 2/28/53

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1951, to 3/8, 1953, that I last saw the deceased alive on 3/8, 1953, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

SIGNATURE Alfred S. Norton (Degree or title) M.D. ADDRESS 4711 Highland Ave DATE SIGNED 3/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 3/9/53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Prince George Maryland
DATE REC'D BY LOCAL REGISTRAR 3/9/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

C3C91

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9342 Columbia Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9342 Columbia Blvd.

3. NAME OF DECEASED (Type or Print): (First) Wilmer (Middle) S. (Last) Purnell

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 12/19/77

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Berlin, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William S. Purnell

14. MOTHER'S MAIDEN NAME: Sarah Timmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service) Spanish Amer.

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr. Wm. C. Fowler, 9342 Columbia Blvd. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac decompensation — Interval between onset and death: 1-2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

434.3

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis — ?

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to 3 March, 1953, that I last saw the deceased alive on 2 March, 1953 and that death occurred at 10:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William D. Cuff, M.D. Silver Spring Maryland 3 March 53

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial | DATE THEREOF: 3/6/53 | NAME OF CEMETERY OR CREMATORY: St. Paul's Episcopal Church | LOCATION (City, town, or county) (State): Berlin, Maryland

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE: Cemetery | 24. FUNERAL DIRECTOR ADDRESS: 8434 Ga. Ave. Silver Spring, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03095

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
STREET ADDRESS (If rural, give location) 9711 MONTAUK AV

3. NAME OF DECEASED (Type or Print) (First) BABY (Middle) BOY (Last) RAFFELT

4. DATE OF DEATH (Month) 3 (Day) 26 (Year) 1953

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) —

8. DATE OF BIRTH 3/25/53

9. AGE last birthday — yrs. If under 1 year Months — Days 1 If under 24 hrs. Hours 5 Min. 55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME EDWARD JAME RAFFELT

14. MOTHER'S MAIDEN NAME MILDRED CAROL STRAVOCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS MOTHER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity - 4 1/2 months

776x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/25, 1953, to 3/25, 1953, that I last saw the deceased alive on 3/25, 1953, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS 4652 East West Highway Bethesda DATE SIGNED 3-7-53

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF 3-28-53

NAME OF CEMETERY OR CREMATORY Suburban Hospital

LOCATION (City, town, or county) (State) Bethesda, MARYLAND

DATE REC'D BY LOCAL REG. 4-2-53

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Amelia Manry Carter per AB ADDRESS Supt

2032283200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03096

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural
LENGTH OF STAY (in this place): [illegible] Mo. 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 1218 Staple Street N.W.

3. NAME OF DECEASED: (Type or Print) (First) Christine (Middle) Marie (Last) Railey
4. DATE OF DEATH: (Month) [illegible] (Day) (Year) 19[illegible]

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: January [illegible], 19[illegible]
9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR: Months [illegible] Days [illegible] IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bethesda Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Emmett Warren Railey
14. MOTHER'S MAIDEN NAME: Bette Claire Watts

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father: Emmett Warren Railey [illegible]

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

228X

Immediate cause (a) Septicemia

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Anemia

DUE TO

(c) Bleeding from multiple hemangiomatosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. [illegible], 1953, to March [illegible], 1953, that I last saw the deceased alive on March [illegible], 1953, and that death occurred at 9:22 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible], U.S.Naval Hospital, NNMC, Bethesda, Maryland. ADDRESS DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March [illegible], 19[illegible]
NAME OF CEMETERY OR CREMATORY Arlington, National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REGISTRAR March [illegible]
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR [illegible] Funeral [illegible] Avenue, Bethesda, Maryland. ADDRESS

2013191386

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03097

CERTIFICATE OF DEATH

Reg. Dist. No. ~~218~~ 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 7 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg RT 3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Reinhart

4. DATE OF DEATH: (Month) 3 (Day) 9 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 7/3/1866
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months 8 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ret. Farmer & Laborer -
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lawrence Reinhart
14. MOTHER'S MAIDEN NAME: Rebecca Richter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis with
DUE TO Myocardial Infarction

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Degenerative Heart Disease
DUE TO
(c)

Interval Between Onset And Death: 3½ days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 6, 1953, to Mar. 9, 1953, that I last saw the deceased alive on Mar. 9, 1953, and that death occurred at 5:04 pm., from the causes and on the date stated above.

SIGNATURE Jack Schumacher (Degree or title) M.D. Mar. 9, 53 ADDRESS Gaithersburg, Md. DATE SIGNED Mar. 9, 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/12/53
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) (State) Gaithersburg Md.
DATE REC'D BY LOCAL REGISTRAR Mar. 11, 1953
REGISTRAR'S SIGNATURE [illegible] Gooke
24. FUNERAL DIRECTOR Ernest C. Gaithers ADDRESS Gaithersburg Md.

4-28-53 Gertrude Lawler - cme

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

03098

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2.17

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sandy Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg. Co. Gen. Hosp. Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Burtonsville, Maryland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Thelma (Middle) Edmonia (Last) Richmond

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: February 28, 1907
9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathan F. Beall
14. MOTHER'S MAIDEN NAME: Lena Richard Ruse

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unkown (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: William F. Richmond, Burtonsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Diabetic Coma — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes Mellitus — years

DUE TO

(c) Admitted, Gastric Hemorrhage Prob. Ulcer — 7 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage Gastric

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) ✓ (COUNTY) ✓ (STATE) ✓
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 2/26, 1953, to 3/6, 1953, that I last saw the deceased alive on 3/6, 1953 and that death occurred at 1.47 P.M., from the causes and on the date stated above.

SIGNATURE J M Bird (Degree or title) M D ADDRESS Sandy Spring Md DATE SIGNED 3/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 9, 1953
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) Burtonsville, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Mar 9 - 1953
REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR De Witt Donaldson, Laurel, Md ADDRESS

Recd Mar 10 - 1953

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03099

Reg. Dist. No. 2-4

The correct age

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
LENGTH OF STAY (in this place) 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffe's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C
STREET ADDRESS (If rural give location) 4105 13th St N.E.

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) Elizabeth (Last) Rogerson
4. DATE OF DEATH (Month) (Day) (Year): March 19 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan-5-1881
9. AGE last birthday: 72 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henson Poole
14. MOTHER'S MAIDEN NAME: Laura Ann Nichols
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Mildred Hebron (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1948

Immediate cause (a) Malignancy — Metastatic — primary unknown — 6 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ——— (c) General + Cerebral Arteriosclerosis — 3 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 1951, to March 19, 1953, that I last saw the deceased alive on March 16, 1953, and that death occurred at 10:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Leslie W. Harris M.D. | 10111 Colesville Rd Silver Spring | 3-19-53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried | DATE THEREOF March 21-53 | NAME OF CEMETERY OR CREMATORY Chestnut Grove Cemetery | LOCATION (City, town, or county) Herndon, Virginia (State)

DATE REC'D BY LOCAL REG. 3/20/53 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR J. Wm Sessarr & Co | ADDRESS Washington DC

300-4½ St N.E.

VS. A15

RECEIVED
MAR 23 1953
BUREAU V. S.

Item 3 Film C152 3/31/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

03100

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 12 Midford Ave

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) HENRY (Last) RUSSELL

4. DATE OF DEATH: (Month) Mar (Day) 19 (Year) 1953

5. SEX: male

6. COLOR OR RACE: col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 12-13-88

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Columbia Specialty

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jim Russell

14. MOTHER'S MAIDEN NAME: Lizzie W. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Catherine T. Brown 3910 Maitland St Kensington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Brockhurst M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-19-53

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF 3/24/53 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) Arlington, Va. (State)

DATE REC'D BY LOCAL REG. 3/23/53 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

RECEIVED
APR 1953
BUREAU OF

Item 18 Film G152 3-17-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

~~24072~~ 3783

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 12 hr. 50 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 15 E. ST. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Evelyn (Middle) Mary (Last) Sackett

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 8-7-72
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): former Government worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Rochambeau Sackett
14. MOTHER'S MAIDEN NAME: Frances Peck

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ~~Acute Mesenteric Thrombosis~~ DUE TO Aneurysm of abdominal aorta - ruptured — Interval Between Onset And Death: 15 hours

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Retroperitoneal ~~tumor~~ hemorrhage. DUE TO — 3 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Osteoporosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1952, to Mar. 8, 1953, that I last saw the deceased alive on Mar. 8, 1953, and that death occurred at 6 60 a.m., from the causes and on the date stated above.

SIGNATURE Arthur E Coyne MD (Degree or title) ADDRESS Takoma Park Md DATE SIGNED 3-8-53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF March 10, 1953
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) Prince George County (State) Md.

DATE REC'D BY LOCAL REGISTRAR March 10-1953
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. N.W. Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAR 11 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03102

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 5 hrs. 20 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural give location) 13 Concord Avenue

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) May (Last) Scherrer

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: August 5, 1869

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nelson Dell

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: George H. Scherrer - husband -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebrovascular accident

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) cerebral arteriosclerosis, and diabetes mellitus.

DUE TO

(260 X) (c)

Interval Between Onset And Death: 6-7 hrs (?)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Suspected bronchopneumonia. ?

19a. DATE OF OPERATION: None.

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-14-, 1953, to 3-15-, 1953, that I last saw the deceased alive on 3-15-, 1953, and that death occurred at 2.20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George H. Gray Jr., M.D. ADDRESS Suburban Hospital, Beth. Md. DATE SIGNED 3/15/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3-18-53

NAME OF CEMETERY OR CREMATORY Forest Oak

LOCATION (City, town, or county) (State) Gaithersburg, Maryland

DATE REC'D BY LOCAL REGISTRAR 3/19/53

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Roberts Mortuary ADDRESS Bethesda, Md.

VS. 115

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03103

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7000 Carroll Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 403 Ethan Allen Avenue

3. NAME OF DECEASED (Type or Print) (First) EDWARD (Middle) CHARLES (Last) SCHOFIELD
4. DATE OF DEATH (Month) March (Day) 2, (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH MAR. 27, 1874
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CARPENTER - GENERAL BLDG TRADES.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) ORCHARD PARK, N. Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS MRS. CORA BELT SCHOFIELD, 403 ETHAN ALLEN AVE., TAKOMA PK., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Brockhart M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF MAR 4, 1953
NAME OF CEMETERY OR CREMATORY ROCK CREEK CEMETERY
LOCATION (City, town, or county) WASHINGTON, (State) D.C.

24. DATE REC'D BY LOCAL REG. Mar. 2-1953
REGISTRAR'S SIGNATURE J. Hilton Dodd
25. FUNERAL DIRECTOR Arthur Walters, 254 CARROLL ST. N.W., Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10A

RECEIVED
MAR 6 1953
[illegible] V. S

03104

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 8 D A
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3922 Morrison St.

3. NAME OF DECEASED (Type or Print) (First) Lillie (Middle) Rosa (Last) Selby
4. DATE OF DEATH (Month) Mar (Day) 30 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 12-23-1880
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Clayton Simms
14. MOTHER'S MAIDEN NAME Amy Woodley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS daughter Amy Roche 10114 Thornwood Rd Kensington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure — 1½ hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriolo-fibrillation — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✗, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✗ accident , suicide , homicide , undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md. DATE SIGNED 3-30-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 2 1953
NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 5/31/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Jos. F. Birch's Sons ADDRESS 3034 M. St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS-115A

RECEIVED
APR 6 1953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 14

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 3000 McComas Ave
LENGTH OF STAY (In this place) 5 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kensington Gardens nursing home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 3000 McComas Ave

3. NAME OF DECEASED (Type or Print) (First) John (Middle) W. (Last) Sherbert
4. DATE OF DEATH (Month) Mar (Day) 20 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 3-16-1863
9. AGE last birthday 90 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farm owner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) aa. County Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Richard Sherbert
14. MOTHER'S MAIDEN NAME Mary Elizabet Waysome
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS nursing home records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

42.1

Immediate cause (a) Coronary occlusion — 5 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brosehart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 23/53
NAME OF CEMETERY OR CREMATORY Mt Zion
LOCATION (City, town, or county) (State) Lothian Md

DATE REC'D BY LOCAL REG. 3-23-53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR T A Hardesty & Son Gilwell Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

03106

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6701 Allegheny Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 6701 Allegheny Avenue

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Monroe S. Shipley, Sr.
4. DATE OF DEATH (Month) (Day) (Year): March 4 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9/15/81
9. AGE last birthday: 71 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: American Ice Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Monroe Shipley
14. MOTHER'S MAIDEN NAME: Hannah Van Horn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-03-8560
17. INFORMANT AND ADDRESS: Mr. Monroe S. Shipley, Jr. Md.
~~10,007 Big Rock Rd., Silver Spring,~~

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
445X Immediate cause	(a) Cardio-vascular accident	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive crises	6 mo.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1952, to Mar 4, 1953, that I last saw the deceased alive on Mar 4, 1953, and that death occurred at 2:45A m., from the causes and on the date stated above.

SIGNATURE: Ernest A. Jaroo MD. (Degree or title) ADDRESS: 7006 New Hampshire Ave Takoma Park DATE SIGNED: 3/4/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3/6/53
NAME OF CEMETERY OR CREMATORY: Geo. Wash. Mem. Cemetery
LOCATION (City, town, or county) (State): Prince Geo. County, Md.

DATE REC'D BY LOCAL REG.: March 7-1953
REGISTRAR'S SIGNATURE: J. Wilson Dodd
24. FUNERAL DIRECTOR: [illegible] ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03107

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 46

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Takoma Park, Md.
LENGTH OF STAY (in this place) 38 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Colombia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural give location) 434 Harvard St. N.W. Wash. D.C.

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Missouri (Last) Shreve

4. DATE OF DEATH: (Month) 3 (Day) 26 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7-5-1879
9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harrisonburg Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William P. Rehrd
14. MOTHER'S MAIDEN NAME: Virginia Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Infarction, pulmonary — Interval Between Onset And Death: 3-4 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Carcinoma of rectum with vascular and lymphatic obstruction to right leg — 6-9 months.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 14, 1953, to March 26, 1953, that I last saw the deceased alive on March 25, 1953, and that death occurred at 10.00 a.m. 3/26/53 from the causes and on the date stated above.
SIGNATURE Aaron H. Traum (Degree or title) MD ADDRESS 6237 Georgia Ave Silver Spring Md DATE SIGNED 3/27-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial - Transit
DATE THEREOF 3-29-53
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetary
LOCATION (City, town, or county) (State) Harrisonburg, Virginia

DATE REC'D BY LOCAL REGISTRAR 3-27-53
REGISTRAR'S SIGNATURE Nicholas Dodd
24. FUNERAL DIRECTOR ADDRESS The L. H. Hines Co. 2901 14th St. N.W. Washington D.C.

RECEIVED
MAR 30 1953

Item 8 FilmG152 4/6/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03108

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place) 32 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural, give location) 9906 GRAYSON AVE SILVER SPRING MD

3. NAME OF DECEASED (Type or Print) (First) CLAUDE (Middle) ASBERRY (Last) SKINNER
4. DATE OF DEATH (Month) MAR (Day) 23 (Year) 1953

5. SEX MALE
6. COLOR OR RACE WHITE.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH MAR 28 1872
9. AGE last birthday ~~78~~ 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) LEESBURG VA.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME QUINCY SKINNER
14. MOTHER'S MAIDEN NAME unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS 4535 GARRISON ST NORACE SKINNER WASHINGTON D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.3

Immediate cause (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH 6-9 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to 23 March 1953, that I last saw the deceased alive on 23 March, 1953, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE William D. Ass (Degree or title) MD ADDRESS Silver Spring [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 26, 1953
NAME OF CEMETERY OR CREMATORY Rock Creek Cem.
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 3/24/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Jha S. H. Hines Co ADDRESS 2901 14th St N.W. WASHINGTON D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03109

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL, INC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
STREET ADDRESS (If rural give location) 6 Knowles Ave.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Woolford (Last) Skinner

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 3.28.74

9. AGE last birthday: IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
78 yrs.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Doctor of Science

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Levin P. Skinner

14. MOTHER'S MAIDEN NAME: Eugenia Willis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

593X Immediate cause (a) Uraemia — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cardio-vascular disease — yrs

DUE TO

(c) Nephritis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1/ ,1952 to 3/10/ ,1953 that I last saw the deceased alive on 3/9/ ,1953, and that death occurred at 7.20 A.M. from the causes and on the date stated above.

SIGNATURE J.W.B. (Degree or title) M.D. ADDRESS Sandy Spring DATE SIGNED 3/10/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3/13/53

NAME OF CEMETERY OR CREMATORY Christ Church Cemetery

LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR 3-16-53

REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03110

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7927 Wisconsin Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1954 Col. Rd N.W.

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) S (Last) SLAVEN

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 10, 1873

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): J

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William Slaven

14. MOTHER'S MAIDEN NAME: Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Prescott L. Wetherill 2803 Dumbarton Ave. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) acute myocardial Infarction — Interval Between Onset And Death: 10 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO coronary sclerotic Heart Disease 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1943, to Mar 16, 1953 that I last saw the deceased alive on Mar 15, 1953, and that death occurred at 8 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Hill Carter, M.D. — ADDRESS 1835 Eye St NW — DATE SIGNED 3-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/19/53 — NAME OF CEMETERY OR CREMATORY Rock Creek — LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 3/19/53 — REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Gawler & Sons — ADDRESS 1756 Penn Ave Wash DC

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03111

CERTIFICATE OF DEATH

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda rural
LENGTH OF STAY (in this place): 4 Mo. 25 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Alexandria
STREET ADDRESS (If rural give location): 310 South Lee Street

3. NAME OF DECEASED: (Type or Print) (First) Russell (Middle) (Last) Smith

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: December 9 1903

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months 3 Days 20 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Economist

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Government

11. BIRTHPLACE (State or foreign country): Birmingham, Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William R. Smith

14. MOTHER'S MAIDEN NAME: Ida Taylor

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wife: Nancy Smith: Same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia, both Lower Lobes — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arthritis, chronic; Pancreatitis, chronic — 7 Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 4, 1952, to March 29, 1953, that I last saw the deceased alive on March 29 1953, and that death occurred at 1:25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert J. Whipple, CDR, MC, USN — ADDRESS: U.S.Naval Hospital,NNMC,Bethesda,Maryland — DATE SIGNED: March 30 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 31 1953 — NAME OF CEMETERY OR CREMATORY: IVY HILL CEMETERY — LOCATION (City, town, or county) (State): ALEXANDRIA, VIRGINIA

DATE REC'D BY LOCAL REGISTRAR: March 30 1953 — REGISTRAR'S SIGNATURE: Edith Worthington

24. FUNERAL DIRECTOR — ADDRESS: Demaine Funeral Home, 520 Mt. Vernon Blvd. Alexandria, Virginia.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03112

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burtonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Burtonsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Alexenia (Middle) M. (Last) Snyder

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 6, 1904

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Fairland, Montgomery Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fielder C. Marlow

14. MOTHER'S MAIDEN NAME: Nellie A. Robey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-28-0276

17. INFORMANT & ADDRESS: Mr. D. Leroy Snyder, Burtonsville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

171X

Immediate cause (a) Carcinoma Cervix — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/27/52

19b. MAJOR FINDINGS OF OPERATION: Cancer Cervix Metastasized

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/21, 1949 to 3/1, 1953 that I last saw the deceased alive on 3/1, 1953, and that death occurred at 6:35 p.m., from the causes and on the date stated above.

SIGNATURE J. M. Warren (DEGREE OR TITLE) ADDRESS Laurel DATE SIGNED 3/2/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3/4/53

NAME OF CEMETERY OR CREMATORY St. Mark's Cemetery

LOCATION (City, town, or county) (State) Fairland, Montgomery Co., Md.

DATE REC'D BY LOCAL REG. 3/3/53

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03113

Reg. Dist. No. 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda rural
LENGTH OF STAY (in this place): 19 hrs.47 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): La Plata
STREET ADDRESS (If rural give location): General Delivery ✓

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Spinks

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: March 28 1953

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 19 Min. 47

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alfred H. Spinks

14. MOTHER'S MAIDEN NAME: Mary Naomi Hambright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Father: Alfred H. Spinks Same as #2 above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5

Immediate cause (a) Immaturity — Interval Between Onset And Death: 20 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Prematurity

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Atelectasis, Pulmonary — 20 hours

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 28, 1953, to March 29, 1953, that I last saw the deceased alive on March 29 1953, and that death occurred at 6:45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. W. SEDERSTROM, LT. MC USN, U.S.Naval Hospital, NNMC, BETHESDA, MARYLAND March 30 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: March 31 1953

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR: March 30 1953

REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR ADDRESS: R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

203192-241

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03114

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 Pine Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 17 PINE AVE

3. NAME OF DECEASED: (Type or Print) (First) GERTRUDE (Middle) M (Last) STEEN

4. DATE OF DEATH: (Month) Mar. (Day) 5 (Year) 1953

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: OCT. 29, 1886

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Not Given

14. MOTHER'S MAIDEN NAME: Not Given

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Paul I Steen 17 Woodland Ave. Takoma Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

491 X

Immediate cause (a) Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 15, 1946, to 5 Mar., 1953, that I last saw the deceased alive on 4 Mar., 1953, and that death occurred at 4 40 A.m., from the causes and on the date stated above.

SIGNATURE G B Queen (DEGREE OR TITLE) M.D. 7112 Willow Ave ADDRESS Takoma Park Md. DATE SIGNED 5 Mar 1953.

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 3-8-53 NAME OF CEMETERY OR CREMATORY Lees Crematory LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. March 5-1953 REGISTRAR'S SIGNATURE J Nelson Dodd

24. FUNERAL DIRECTOR J. W. Lees Son — 300 4th St NE Wash D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18 8-5

MAR 9 1954

03115

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — Silver Spring
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2611 Arcola Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — Silver Spring
STREET ADDRESS (If rural, give location) 2611 Arcola Ave.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Jeannetta (Last) Stockett

4. DATE OF DEATH: (Month) (Day) (Year) March 8 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 8-22-92
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jesse Suitt
14. MOTHER'S MAIDEN NAME: Isabel Suitt (McCarter)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 579-24-3757
17. INFORMANT & ADDRESS: Mrs. Isabel Stockett Viverette 2611 Arcola Ave Silver Spring

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

3 IX

		Interval Between Onset and Death
Immediate cause	(a) Cerebrovascular Accident	2 weeks
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Influenza	1 month
	DUE TO (c) Generalized Arteriosclerosis	unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Mitral Stenosis, Due to Rheumatic Heart Disease 20-30 years unknown

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) M. —
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct, 1953, to March 8, 1953, that I last saw the deceased alive on March 7, 1953, and that death occurred at 6 p.m., from the causes and on the date stated above.

SIGNATURE Morris Perry (DEGREE OR TITLE) M.D. ADDRESS 11602 Georgia Ave. Silver Spring Md. DATE SIGNED 3-8-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF March 11, 53
NAME OF CEMETERY OR CREMATORY Davidsonville Methodist
LOCATION (City, town, or county) (State) Davidsonville, Maryland
DATE REC'D BY LOCAL REG. March 10, 1953
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AID 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 03116 2/4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Mrs. Jolliffe's Home for Elderly Persons

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural give location) 3501 McKinley St. N.W.

3. NAME OF DECEASED; (Type or Print) (First) Mary (Middle) A (Last) Streb

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1953

5. SEX: F

6 COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug 26, 1864

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Starke

14. MOTHER'S MAIDEN NAME: Mary Hauf

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: 1324 Longfellow St N.W. Henry A. Streb Washington D. C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-20-1

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 2 hr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis — 1 year

DUE TO (c) Hypertension — 3 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~Sept~~ 1953 to March 2 1953, that I last saw the deceased alive on March 2 1953 and that death occurred at 9 45 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James Rogers M.D. 1009 Lexington Bldg March 2 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 3-5-53; NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery; LOCATION (City, town, or county) (State) Washington D. C.

DATE REC'D BY LOCAL REGISTRAR March 2, 1953; REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR 2901 14th St N.W. ADDRESS L.V. Hines Co. Washington D. C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 03117

1. PLACE OF DEATH:
COUNTY Mon Tg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mon Tg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8810 Bradford Rd

3. NAME OF DECEASED: (Type or Print) (First) DAISEY (Middle) MAE (Last) STREEKS

4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Sept. 23, 1888
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Clerk-US Govt.
11. BIRTHPLACE (State or foreign country): Oxen Hill Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David F Streeks
14. MOTHER'S MAIDEN NAME: Darcey Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Laura J Briscoe - 8810 Bradford Rd S.S. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
200.1
Immediate cause (a) Lymphosarcoma
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 2½ years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Anaemia and cachexia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1953, to March 4, 1953, that I last saw the deceased alive on March 1, 1953, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Arthur R. Bergman, M.D., 8801 Colesville Rd, Silver Spring, Md. 3 4 53

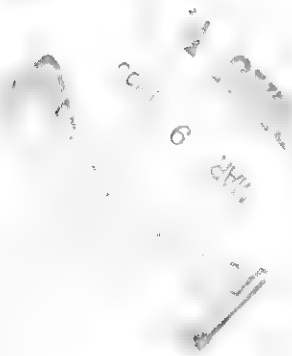
23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3-6-1953
NAME OF CEMETERY OR CREMATORY Congressional Cem.
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 3/5/53
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2001-14th St N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51



Items 13,14 Fil G152 4/6/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

03118

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11729 Georgia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 11729 Georgia Ave

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) C. (Last) Sucrow

4. DATE OF DEATH (Month) Mar (Day) 28 (Year) 1953

5. SEX Male Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 9/10/85

9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chef (retired)

10b. KIND OF BUSINESS OR INDUSTRY unknown

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME August Sucrow

14. MOTHER'S MAIDEN NAME Anna Deter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mr. L. J. Milliken, 1810 Sherwood Road Silver Spring, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in home

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3/30/53

NAME OF CEMETERY OR CREMATORY Geo. Wash. Mem. Cemetery

LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REG. 29 53

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

(3119

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Rockville
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bells Mill Rd. R.F.D. # 4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Rockville
STREET ADDRESS (If rural, give location) Bells Mill Rd. R.F.D.#4

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) PUGH (Last) THOMAS

4. DATE OF DEATH (Month) (Day) (Year) March 19,1953 19

5. SEX Male MALE

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 18 Oct. 1891

9. AGE last birthday 61 yrs. If under 1 year Months 15 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY U.S.Navy

11. BIRTHPLACE (State or foreign country) Tennessee

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Spencer Thomas

14. MOTHER'S MAIDEN NAME Katherine Fanning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W W 1 & 11

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Marguerite M. Thomas-Item#2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary occlusion — 5 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-19-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 3-23-53 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 3/19/53 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert M. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

63120

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH— COUNTY Montgomery — Home. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda. | LENGTH OF STAY (In this place) 15 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4612 Harling Lane

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda.
STREET ADDRESS (If rural, give location) 4612 Harling Lane.

3. NAME OF DECEASED (Type or Print) (First) Harold. (Middle) EMMONS (Last) Thomas
4. DATE OF DEATH (Month) March (Day) 21 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH 4 July 1894
9. AGE last birthday 58 yrs. | If under 1 year Months 8 Days 17 | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book Keeper
10b. KIND OF BUSINESS OR INDUSTRY Govt.
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Harry S Thomas
14. MOTHER'S MAIDEN NAME Rachel AKehurst
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | (If yr., give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Wife Mrs Carita Thomas.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X

Immediate cause (a) Meta static Carcinoma of Liver, Stomach & colon. — 1 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma of Colon — Removed. — 7 yr.

(c) Coronary Insufficency — 4 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1945
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon - Ascending.
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Dec., 1952., to 21 March, 1953., that I last saw the deceased alive on 20 March, 1953., and that death occurred at 12:15 A m., from the causes and on the date stated above.

SIGNATURE John B. Ball (Degree or title) M.D. ADDRESS 7936 Georgetown Rd Bethesda Md DATE SIGNED 21 March 53

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE 3/24/1953 | NAME OF CEMETERY OR CREMATORY George Washington | LOCATION (City, town, or county) Hyattsville (State) Maryland

DATE RECD BY LOCAL REG. 3/24/53 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Roberts A. Lumphrey | ADDRESS Bethesda, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03121

CERTIFICATE OF DEATH

Reg. Dist. No. 2-23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington D C — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) Bellevue Hotel 15 E St.

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) Garfield (Last) Thompson

4. DATE OF DEATH: (Month) 3 (Day) 22 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 3-13-80

9. AGE last birthday: 73 yrs. — If UNDER 1 YEAR: Months, Days — If UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Govt. clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Wilson H. Thompson

14. MOTHER'S MAIDEN NAME: Frances A. Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Patients record. (pts. brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	CARDIAC FAILURE	7 dys
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)	PROLONGED GASTRIC OBSTRUCTION	3 mths
DUE TO		
(c)	GASTRIC CARCINOMA	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. none — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Feb 23, 1953, to Mar 22, 1953, that I last saw the deceased alive on Mar 21, 1953, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE C. H. Thomson — (Degree or title) M.D. — ADDRESS 7600 Carroll Ave TAKOMA PARK — DATE SIGNED 3.23.53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried — **DATE THEREOF** 3-25-53 — **NAME OF CEMETERY OR CREMATORY** Fairfax Courthouse — **LOCATION** (City, town, or county) Fairfax — (State) Va.

DATE REC'D BY LOCAL REGISTRAR 3/27/53 — **REGISTRAR'S SIGNATURE** J. Wilson Dodd

24. FUNERAL DIRECTOR J. W. Lees Son's Co. — **ADDRESS** Wash. 2, D.C.

RECEIVED
MAR 24 1953
BUREAU

63122

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
STREET ADDRESS (If rural, give location) ----

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Alonzo (Last) Turner
4. DATE OF DEATH (Month) 3 (Day) 30 (Year) 1953

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 6/8/1878
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Carpenter
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? WS

13. FATHER'S NAME James F. Turner
14. MOTHER'S MAIDEN NAME Mary Kemp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-14-7003
17. INFORMANT AND ADDRESS Kemp Reynolds 741. [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
592x Immediate cause	(a)	Myocarditis Chronic	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerosis	2
	(c)	Chronic Nephritis	2.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 2/11, 1948, to 3/30, 1953 that I last saw the deceased alive on 3/18/, 1953 and that death occurred at 3.30 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Sandy Spring DATE SIGNED 3/30/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/1/53
NAME OF CEMETERY OR CREMATORY Burtonsville Union Cemetery
LOCATION (City, town, or county) (State) Burtonsville, Md.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS [illegible] Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

APR 2 1953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03123

Reg. Dist. No. 223-

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Rear of Takoma Junior High

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 12,049 Claridge Road

3. NAME OF DECEASED (Type or Print): (First) Sherwood (Middle) Lee (Last) Taylor

4. DATE OF DEATH: (Month) Mar (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-27-33

9. AGE Last birthday: 19 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic, Triangle Serv.

10b. KIND OF BUSINESS OR INDUSTRY: Automotive

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Woodrow Lee Taylor

14. MOTHER'S MAIDEN NAME: Shirley Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mr. Woodrow Lee Taylor, 12049 Claridge Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9713.1

Immediate cause (a) Carbon Monoxide poisoning — Interval between Onset and Death: Found died

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Found lying behind car with face smoker

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. exhaust - motor running

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Bronhart M.D

ADDRESS: Hagerstown Md

DATE SIGNED: 3-29-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/31/53

NAME OF CEMETERY OR CREMATORY: Parklawn Cemetery

LOCATION (City, town, or county) (State): Montgomery County, Maryland

DATE REC'D BY LOCAL REG.: April 2-1953

REGISTRAR'S SIGNATURE: J. Milton Dodd

24. FUNERAL DIRECTOR: Warner E. Pumphrey

ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
APR 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03124

CERTIFICATE OF DEATH

Reg. Dist. No. 212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Barnesville
LENGTH OF STAY (in this place) 15yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barnesville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Antoinette (Middle) C. (Last) VanEmon

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Oct 3-1886

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11 BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Antonia Malnati

14. MOTHER'S MAIDEN NAME: Lena Faver

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: C. J. Van Emon, Barnesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

414 Immediate cause (a) Chronic myocarditis, recurrent — Interval Between Onset And Death: 2 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) multiple valvular disease — 50 years

DUE TO (c) Rheumatic fever — 50 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pharyngitis — 3 days

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to 9 March, 1953, that I last saw the deceased alive on 7 March, 1953, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

SIGNATURE Jordan M. Smith (Degree or title) M. D. ADDRESS Barnesville DATE SIGNED 10 March '53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation DATE THEREOF March 11 53 NAME OF CEMETERY OR CREMATORY Williamlee LOCATION (City, town, or county) Washington (State) D.C. ADDRESS

DATE REC'D BY LOCAL REGISTRAR March 11, 1953 REGISTRAR'S SIGNATURE Charles W. Elgin per EBS

24. FUNERAL DIRECTOR William B. Hilton Barnesville, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03125

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 9216 Bradley Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Lou (Middle) Bernard (Last) Voigt

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: June 18, 1915
9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Architect
10b. KIND OF BUSINESS OR INDUSTRY: Landscape
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oscar Voigt
14. MOTHER'S MAIDEN NAME: Lou Hitch

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Margaret M. Voigt - wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

41

Immediate cause (a) Cardiac failure — Interval Between Onset And Death: 3 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease — 25 years

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Subacute Bacterial Endocarditis — 5 weeks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1953, to Mar 3, 1953, that I last saw the deceased alive on Mar 3, 1953, and that death occurred at 3:30 AM, from the causes and on the date stated above.

SIGNATURE Leroy Sharpe (Degree or title) M.D. ADDRESS Rockville Md. 10644 Connecticut DATE SIGNED Mar 5, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 3-7-53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Maryland
DATE REC'D BY LOCAL REGISTRAR 3/9/53
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Pumphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 11 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03126

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 4621 Maple Ave.

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Watkins (Last) Wade

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 16 1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Dept. of Justice

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Levi Watkins

14. MOTHER'S MAIDEN NAME: Elizabeth Brenton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. William Hawkins 4621 Maple Ave. Bethesda Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) DUE TO Respiratory Failure — Interval Between Onset And Death: 12 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Coronary Occlusion & Cardiac Failure — 7 days

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to 3/23, 1953, that I last saw the deceased alive on 3/22, 1953, and that death occurred at 5:10 A.M. from the causes and on the date stated above.

SIGNATURE Frank Y. Jaggers Jr. M.D. (Degree or title) ADDRESS 5707 Wisconsin Ave. Chevy Chase Md. DATE SIGNED 3/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3-25-53

NAME OF CEMETERY OR CREMATORY Neelsville

LOCATION (City, town, or county) (State) Neelsville, Md.

DATE REC'D BY LOCAL REGISTRAR 3/24/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

CEIVED

MAR 26 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03127

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 10 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural give location) [illegible] ✓

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Waldbillig
4. DATE OF DEATH: (Month) March (Day) 6 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 6, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Albin [illegible] Waldbillig
14. MOTHER'S MAIDEN NAME: Mary Ann Tierney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father: Albin [illegible] Waldbillig same as above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5

Immediate cause (a) Atelectasis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6 1953, to March 6, 1953, that I last saw the deceased alive on March 6, 1953, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] U.S.Naval Hospital, [illegible], Bethesda, Maryland [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) Or
DATE THEREOF March 9, 1953
NAME OF CEMETERY OR CREMATORY Naval Medical School, [illegible]
LOCATION (City, town, or county) (State) Bethesda, Maryland.
DATE REC'D BY LOCAL REGISTRAR 6 March, 1953
REGISTRAR'S SIGNATURE Edith Whittington
24. FUNERAL DIRECTOR Naval Medical School, [illegible]
ADDRESS

2033201403

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-15

RECEIVED
MAR 10 1953
BUREAU

Items 18&22 Film G152 3-18-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

G128

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct entry is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 903 Forest Glen Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 903 Forest Glen Road

3. NAME OF DECEASED (Type or Print): (First) GLENN (Middle) A. (Last) WALLEY

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1/19/96

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegraph Operator

10b. KIND OF BUSINESS OR INDUSTRY: Lawyers Title Co.

11. BIRTHPLACE (State or foreign country): Amsterdam, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Zenus Walley

14. MOTHER'S MAIDEN NAME: Kate Fike

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes

16. SOCIAL SECURITY NO.: WW #1

17. INFORMANT AND ADDRESS: Mrs. Mae E. Bottazzi, 2827 Wiley St. Hollywood, Florida

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia due to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute pancreatitis

30%0 (322 0)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute and chronic alcoholism

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chief Medical Examiner-700 Fleet St.-Balto. 2, Md. March 6, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/10/53

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Arlington County, Va.

DATE RECD BY LOCAL REG. 3/10/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

Items 18&22 Film G152 3-18-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

03129

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 903 Forest Glen Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 903 Forest Glen Road

3. NAME OF DECEASED (Type or Print) (First) Leila (Middle) Mildred (Last) WALLEY
4. DATE OF DEATH (Month) March (Day) 1 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 8/11/94
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY U.S. Treasury
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Henry Findley
14. MOTHER'S MAIDEN NAME Beulah Blundon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Mae E. Bottazzi, 2827 Wiley St. Hollywood, Florida

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

581.1

Immediate cause (a) Interstitial myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fatty infiltration of liver

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute and chronic alcoholism

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work [ ] Not while at work [ ]
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* x, *Inspection* , *Inquiry* _ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* x, *accident* _, *suicide* , *homicide* _, *undetermined* _.

SIGNATURE R. B. Fisher (Degree or title) ADDRESS Chief Medical Examiner-700 Fleet St.-Balto. 2, Md. DATE SIGNED March 6,1953

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/10/53
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington County, Va.
DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS 8434 Ga. Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (3130)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place) 11 days 1-13 hrs 24 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington; STREET ADDRESS (If rural give location) 4309 Learmont St.

3. NAME OF DECEASED: (Type or Print) (First) Mabel (Middle) Elizabeth (Last) Walter

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: November 21 1893

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Wash. D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ira Winter Moore

14. MOTHER'S MAIDEN NAME: Mary A. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Margaret Walter Bugh 4909 Learmont Ave. Bethesda, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Atelectasis & myocardial failure — Interval Between Onset And Death: 24 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Extensive recurrent metastatic carcinoma of breast — 6 yrs +

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-10-53

19b. MAJOR FINDINGS OF OPERATION: Extensive metastatic Ca breast

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4, 1953, to 3-21, 1953, that I last saw the deceased alive on 3-21, 1953, and that death occurred at 5:26 A.M. from the causes and on the date stated above.

SIGNATURE Paul Kiernan (Degree or title) M.D. ADDRESS 1150 Conn. Ave. DATE SIGNED 3-23-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 3-24-53; NAME OF CEMETERY OR CREMATORY Cedar Hill; LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR 3/24/53; REGISTRAR'S SIGNATURE Bessie M. [illegible]

24. FUNERAL DIRECTOR Robert H. Humphrey ADDRESS Bethesda, Md.

VS. 15

03131

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md Prince Georges COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tokoma Park Md — LENGTH OF STAY (in this place) 17 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Philadelphia ave	STREET ADDRESS (If rural, give location) 6115-42 Place

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Preston Barnes White

4. DATE OF DEATH (Month) (Day) (Year): Mar 8, 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	3/21/1871	81 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Made Co	salesman	Pa	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Andrew J White	Sarah Grove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Edith White Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4200 Immediate cause	(a) Pulmonary Edema	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	3 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1951, to March 8, 1953, that I last saw the deceased alive on March 8, 1953, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. B. Orleans Md 7030 Carroll Ave Tokoma Park

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	State
Burial	3/12/53	Chambersburg	Pa	3/8/53

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-9-53	Amanda Downey	F Gasch's sons Hyattsville Md	
3-11-53	J. Wilson Dodd - Registrar		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 33132

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Wash. D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 3115 Mt. Pleasant St N.W.

3. NAME OF DECEASED: (Type or Print) (First) Amy (Middle) Fuller (Last) Wilton

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Sept 30 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: William Henry Fuller
14. MOTHER'S MAIDEN NAME: Alice Craig

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Ralph H. Wilton 4313 Chesapeake St N.W. Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 x

Immediate cause (a) Cerebral Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(26 x) (c) Hypertension

Interval Between Onset And Death: 2 wks.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/8, 1953, to 3/18, 1953 that I last saw the deceased alive on 3/17, 1953 and that death occurred at 12:05 A.M. from the causes and on the date stated above.

SIGNATURE Paul D Cantor (Degree or title) MD
ADDRESS Bethesda Md
DATE SIGNED 3-18-53

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF March 20 1953
NAME OF CEMETERY OR CREMATORY Thousand Ann
LOCATION (City, town, or county) Wash. D.C. (State)
DATE REC'D BY LOCAL REGISTRAR 3/19/53
REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Cherry Chase Mund Home
ADDRESS 5103 Wis Ave N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03133

CERTIFICATE OF DEATH

Reg. Dist. No. 2-14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 3 yrs
~~HOSPITAL OR INSTITUTION~~ OR STREET ADDRESS 9609 Riley Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9609 Riley Place

3. NAME OF DECEASED (Type or Print): (First) Gilbert (Middle) Forrest (Last) Woods
4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: April 6, 1876
9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Missouri.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Edward Woods
14. MOTHER'S MAIDEN NAME: Elizabeth Orr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: B. Forrest Woods Jr. 9609 Riley Pl. Silver Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval between onset and death: ?

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis. — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/23/53, 19..., to 3/25/53 19..., that I last saw the deceased alive on 3/24/53, 19..., and that death occurred at 6 40 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Marion Beardsley M.D. — ADDRESS 9541 Col. Blvd. Silver Spring Md. — DATE SIGNED 3/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremated | DATE THEREOF March 26, 1953 | NAME OF CEMETERY OR CREMATORY Fort Lincoln Crematory | LOCATION (City, town, or county) Prince George's Co. (State) Md.

DATE REC'D BY LOCAL REG. 3-26-53 | REGISTRAR'S SIGNATURE Frances Potts | 24. FUNERAL DIRECTOR Warner E. Pumphrey, Silver Spring, Md. | ADDRESS

RECEIVED
MAR 30 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0313

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PITTSBURG
STREET ADDRESS (If rural give location) 1920 Plateau Street

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) Louis (Last) Wuenstel

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: October 10, 1932

9. AGE last birthday: 20 yrs. IF UNDER 1 YEAR Months 4 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Mariner

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Pittsburg, Pennsylvania.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Raymond Wuenstel

14. MOTHER'S MAIDEN NAME: Esther Catherine Gitzen

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) Korean

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mother: Esther C. Wuenstel same as #2 above.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1937

Immediate cause (a) Brain tumor, posterior fossa, malignant — Interval Between Onset And Death: 6 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 26 Feb. 1953

19b. MAJOR FINDINGS OF OPERATION: Malignant posterior fossa tumor

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 12, 1953, to Mar. 4, 1953, that I last saw the deceased alive on Mar. 4, 1953, and that death occurred at 5:09 A.M., from the causes and on the date stated above.

SIGNATURE E.P. Thelen (Degree or title) E.P. THELEN, LCDR MC USN, ADDRESS U.S.Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED March 4, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF March 7, 1953

NAME OF CEMETERY OR CREMATORY St. Georges Cemetery

LOCATION (City, town, or county) (State) Pittsburg, Pennsylvania.

DATE REC'D BY LOCAL REGISTRAR 4 March, 1953

REGISTRAR'S SIGNATURE Edith Whittington

24. FUNERAL DIRECTOR ADDRESS R.A.Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland.

RECEIVED
MAR 6 1940
BUREAU V. S.